Retrospective Reflection through Movement: The Young Adult Female's Perspective on the Adolescent Experience of Living with a Mother's Breast Cancer Illness

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Dedications

This thesis is dedicated to my Mom, Jane, who has been a constant pillar of support and encouragement throughout my journey to self-discovery. Your silent strength, perseverance through life's hardships and your unwavering generosity has helped shape me into the woman I am today. Without your love I wouldn't have had the courage to pursue this study or this profession and it was the strength of our relationship that allowed me to complete this work with passion. Thank you for all you do, for loving me unconditionally and most importantly for teaching me the true meaning of beauty and strength and allowing me to pursue my dreams. I love you.

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Abstract

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The limited research looking at parental cancer and it's affects on adolescent females has shown that adolescent females whose mothers have breast cancer may be especially vulnerable to depression, anxiety, and body image disruptions (Brown et al., 2007; Compas et al., 1994). This thesis uses a phenomenological research design to understand the adolescent female's experience of a mother's breast cancer and how she perceives its impact on her own development. The study investigates this experience through the reflections of adult women who were adolescents at the time of their mother's breast cancer illness. The study facilitates the participants' access to and reflection on their experiences through a dance/ movement workshop. The researcher followed the workshop with individual in-depth interviews, in which participants were asked to recall their adolescent experience as well as their current lived movement understanding of this experience.

Results showed that participants shared common ground in the arenas in which the essence of their experiences of mother's breast cancer occurred. However, the essence of each participant's experience involved its own unique dimension. Communication between mother and daughter, body image, family dynamics, and control were important components to the participants' experience. The researcher was interested in applying this understanding to the development of a dance/ movement therapy (DMT) support group model for adolescents whose mothers have breast cancer.

CHAPTER 1: INTRODUCTION

The purpose of the study was to understand the adolescent female's experience of a mother's breast cancer and how she perceives its impact on her own development. The study investigated this experience through the reflections of adult women who were adolescents at the time of their mother's breast cancer diagnosis. The study utilized a phenomenological research design. The study facilitated the participants' access to and reflection on their experiences through a dance/ movement workshop. The researcher followed the workshop with individual in-depth interviews, in which participants were asked to recall their adolescent experience as well as their current lived movement understanding of this experience. The researcher is interested in applying this understanding to the development of a dance/ movement therapy (DMT) support group model for adolescents whose mothers have breast cancer.

In 2008, approximately 180,000 new cases of invasive breast cancer will be diagnosed among women in the United States (American Cancer Society, 2007). Of those women, at least half will still be bearing or raising children during their illness. Stiffler, Haase, Hosei, and Barada (2008), state that "100,000 children could have a mother newly diagnosed with breast cancer at any given time" (p.113). Research has explored psychological factors related to adolescent female's adjustment when faced with parental breast cancer (Brown et al., 2007; Christ, Siegel, & Sperber, 1994; Compas et al., 1994; Compas et. al, 1996; Stiffler et al., 2008). The outcomes of the study may provide health professionals with a better understanding of the adolescent

female's experience of having a mother with breast cancer. This may, in turn, inform the development of suitable supports.

A breast cancer diagnosis significantly impacts the life of a woman and presents new life stresses including financial burdens, job concerns, body image issues, worry and concern for children and family, and even fear of death (Ashing-Giwa et al., 2004; Puig, Lee, Goodwin, & Sherrard, 2006). Breast cancer does not only affect the patient diagnosed but significantly impacts the family, more specifically the children. The initial bond between mother and child is established during infancy through the mother's ability to meet the needs of the infant. The ability to connect with the mother as well as differentiate from her allows infants to become attuned with their own bodies and thus helps them learn to separate their own physical identity from others (Pallaro, 1996; Winnicott, 1953).

Adolescence marks not only an important emotional developmental period but a physical one as well with the start of the menstrual period as well as breast development. "Mothers [often] see their daughters as extensions of themselves and daughters also perceive that their mothers are more of the same" (Ollech & McCarthy, 1997, pg. 70). A mother's diagnosis of breast cancer may be significant to the adolescent because they are in the process of developing their own breasts and beginning to transition from a girl to a young woman and a mother's breast cancer may bring about questions and fears within the adolescent female about their own development. There is flourishing research regarding how children are impacted by parental illness (Brown et al., 2007; Compas et al., 1994; Hoke, 2001; Lindqvist,

Schmitt, Santalahti, Romer & Piha, 2007) yet research is limited in the area of adolescents, specifically adolescent females, in terms of how they are affected by their mother's breast cancer. Some studies suggest that children adjust well to parental illness and show no signs of depression or other mental health issues (Hoke, 2001; Lindqvist et al., 2007). The limited research conducted in the area of adolescents has shown that adolescent females whose mothers have breast cancer may be especially vulnerable to depression, anxiety, and body image disruptions (Brown et al., 2007; Compas et al., 1994; Kendler, Karkowski, & Prescott, 1999; MacPhee & Andrews, 2006). Research investigating the experience of adolescent females in relation to parental breast cancer may help develop understanding of their needs and inform the development of beneficial supports.

Dance/ movement therapy (DMT) has been used for psychosocial support for women with breast cancer (Dibbell-Hope, 2000; Ho, 2005). DMT offers participants a way to access their experiences through the body itself, which may be particularly important in regards to breast cancer which deals heavily with changes in the body including possible loss of a breast and hair loss as a result of treatment. DMT has been shown to be beneficial when working with family members of women with breast cancer. Akhila Venkatachalam (2006) documented the use of dance/ movement therapy to support a couple dealing with the wife's breast cancer. The couple in this qualitative case study engaged in verbal interviews in addition to a movement experience to explore how they related to the breast cancer illness. From her results,

Venkatachalam (2006) proposed a dance/ movement therapy workshop model addressing the needs of couples facing a breast cancer illness.

Dance/movement therapy has potential benefits for the adult and child population as dance has been shown to decrease levels of depression and anxiety (Koch, Morlinghaus, & Fuchs, 2007). Dance/ movement therapy may be especially beneficial to adolescents (Ritter & Low, 1996) specifically in the area of improving body image perceptions due to the fact that dance/ movement therapy places an emphasis on the physical issues related to the body and body image (Pylvanainen, 2003). In addition, through the cohesion of group rhythm and synchrony established through movement (Schmais, 1985), participation in a dance/ movement therapy support group may help the adolescent female connect with peers outside of the family unit. This may provide a supportive environment for the adolescent female to begin to cope with her mother's breast cancer.

The researcher was interested in exploring: what is the lived experience of female adolescents' whose mother's are diagnosed with breast cancer, as recalled by adult women, accessing their adolescent experiences through a dance/ movement process? The researcher interviewed women who were adolescents at the time of their mother's breast cancer illness. A group movement session prior to the interview was used to help the participants access their adolescent experience. The use of a dance/ movement therapy structure may help participants gain better access to their experience. Movement can be useful in accessing memories, as memories can be stored in the body (Meekums, 2002). The interview will specifically include a

question asking participants to recall their relationship to their own bodies in adolescence. The inclusion of movement in a phenomenological interview process was piloted by dance/ movement therapy (DMT) student Lisa Manca (2006) in a thesis study that explored body image in rape survivors. She found that DMT helped participants access their physical experience during the verbal interview. Phenomenology has been selected for this study because of the researcher's interest in understanding the "individual's perceptions and meaning of an experience" (Mertens, 2005, pg. 240) as well as a desire to gain an understanding of that experience from the point of view of the participant.

The objective of the study was to understand the experience of the adolescent female whose mother has breast cancer, as it may be useful in developing supports for this population. Overall the study participants shared common ground in the arenas in which the essence of their experiences of mother's breast cancer occurred. However, the essence of each participant's experience involved its own unique dimension. Essences related to communication between mother and daughter, body image, family dynamics, and control seemed to be important in shaping how participants experienced their mother's breast cancer.

The study was delimited with concerns for participant's emotional vulnerability. The use of adolescent children currently dealing with a mother's illness was considered too risky for the scope of this study so this study is delimited to adult female participants whose mother's had breast cancer during their adolescence. The researcher excluded female participants whose mothers died from or currently have

cancer. The study delimited by the small sample size of participants that were recruited. A limitation within the study is that there may be distortion of the adolescent experience since the description of the experience is removed in time from the actual experience and dependent on memories that may not be reliable.

CHAPTER 2: LITERATURE REVIEW

Parental Cancer

A breast cancer diagnosis can be a source of significant psychological stress for both a patient and her family (Brown et al., 2007; Compas et al., 1994; Davey, Askew, & Godette, 2003). While there have been studies looking specifically at the psychological impacts of parental cancer on children (Brown et al., 2007; Compas et al., 1994; Hoke, 2001; Lindqvist et al., 2007) there continues to be a lack of consensus in the literature regarding its effects. Some studies suggest that children adjust well to parental illness and show no signs of depression or other mental health issues (Hoke, 2001; Lindqvist et al., 2007) while other studies suggest that children undergo significant distress as a result of parental cancer (Compas et al., 1994, Compas et al., 1996; Vannatta et al., 2008).

Armsden and Lewis (1994) looked at the ways in which school-age children cope with their mother's breast cancer as well as how their families helped them cope. Semi-structured interviews were conducted with 81 children between 6-20 years old from families in which the mother had been diagnosed with breast cancer within the past 2 ½ years. Children were asked to verbalize their concerns and express their feelings about their mother's illness. Armsden and Lewis (1994) found that younger children had a difficult time understanding the illness due to their concrete thinking mode while older school-age children talked about how they needed to accept more responsibilities within the home and how that often took away from their

own interests and activities. Responses from the children seemed to relate to their own stage of cognitive and psychological development.

Lizbeth Hoke (2001) investigated mood levels, behavior issues, and social functioning of children between the ages of 8-16 years old whose mothers had been diagnosed with breast cancer. Through the use of semi-structured interviews and self-report measures of mood and psychosocial adjustment Hoke's (2001) study found no evidence that the children in the sample had increased adjustment problems when compared with children who had mothers who were not seriously ill. Moreover, the adolescents within the sample reportedly were adjusting well within school and within a social context.

Compas et al. (1994) looked at levels of anxiety-depression as well as stress responses in adult cancer patients and their children in an attempt to identify family members at risk for psychological maladjustment problems. Moderate to high levels of emotional distress were reported by children, adolescents, and young adults when a parent was diagnosed with cancer. Their findings showed that stress response levels varied with relation to age of the child as well as the sex of both the child and the parent diagnosed. Among the sample, adolescent girls were found to be most significantly distressed in relation to their parent's cancer diagnosis.

In a later study, Compas et al. (1996) further explored the impact of parental cancer on children by examining how a child assesses parental illness and their coping strategies. A sample of preadolescents, adolescents, and young adults between the ages of 6 and 32 years of age participated in structured interviews near the time of

their parent's cancer to examine coping strategies and their appraisal of their parent's illness. Results of correlational analyses suggest that the use of avoidance in relation to parental cancer was strong among the sample. It seems that the more serious the cancer diagnosis, the more children attempted to avoid it.

Adolescent Development

Physical and Sexual Development

Adolescence marks a period of rapid change in physical development. The onset of puberty in females produces breast development, height changes, menstruation, and pubic hair as well as other facial and body hair (Greene, 2003; Newman & Newman, 2006). Moodiness is often noticed during this period which is brought about by changing hormones that fluctuate daily (Steinberg & Morris, 2001). Some adolescents welcome the change while others are often left feeling dismayed and confused (Greene, 2003). The adolescent female becomes more aware of her body due to these marked physical changes and it often takes time for the adolescent to fully accept and adjust to her changing body.

Along with the overt physical changes noted during adolescence, issues related to sexuality are awakened and also have important implications for this period of development. During adolescence, sexual behaviors often increase and romantic relationships develop partly resulting from the biological changes in the body as well as from societal and cultural pressures (Newman & Newman, 2006). As a result of these emerging sexual experiences, adolescents begin to view themselves as sexual

beings while at the same time begin to put together ideas related to what types of people they find to be attractive.

Developmental Tasks for Early Adolescence

Newman and Newman (2006) break adolescence down into two phases: early adolescence, which is marked as the period between 12-18 years of age, and later adolescence from 18-24 years old. The developmental tasks identified for early adolescence include the aforementioned discussion about physical maturation, and developing romantic and sexual relationships. In addition, Newman and Newman identify formal operations, emotional development, and membership in a peer group as important stages for adolescents within this age range.

Cognitive Development

As an adolescent begins to deal with changes occurring within the body a parallel cognitive process is happening. Adolescents begin to think through their thoughts and start to integrate various sources of information and are able to evaluate problems from various angles (Newman & Newman, 2006). They begin to explore who they are and start to question how they fit into the world around them (Steinberg & Morris, 2001). Often the wide array of thoughts in addition to dealing with the changing body leave adolescents feeling overloaded which may lead to withdrawing and isolating themselves at times (Newman & Newman, 2006).

Emotional Development

Emotions change rapidly during early adolescence and as cognitive processes become more complex, emotional development and expression of emotions often expands and intensifies (Newman & Newman, 2006). Due to this newly emerging emotional development, adolescents often have difficulty coping with the various stressors they face, including excessive demands, feelings of loneliness, and academic challenges (Newman & Newman, 2006). Adolescent depression can become an issue during this stage of development and adolescent females tend to show more depressive symptoms than boys (Angold & Worthman, 1993). Factors related to increased life stressors and negative events often leave adolescents more vulnerable to depression (Angold & Worthman, 1993, Silberg, Pickles, Rutter, Hewitt, Simonoff, et al., 1999).

Membership within a Peer Group

In early adolescence, finding membership within a peer group marks an important developmental task. It is during this period that becoming a member of a "definable group" (Newman & Newman, 2006, p.321) is of utmost importance. Adolescents often have a small group of friends consisting of 5-10 people that are called cliques in addition to traveling in large crowds (Newman & Newman, 2006; Steinberg & Morris, 2001). Membership within cliques and crowds help adolescents to explore boundaries and norms established within relationships and helps them

understand group formations and where they fit in within that structure. Membership within a peer group in early adolescence helps set the foundation for future adult relationships (Newman & Newman, 2006).

Developmental Tasks for Later Adolescence

Autonomy

Newman and Newman (2006) identify late adolescence as the ages between 18-24 years old. The developmental tasks during this period include autonomy from parents, gender identity, internalized morality and career choice. For the scope of this study, independence from parents as well as developing gender identity will be discussed in more detail. Autonomy is a complex task and "accomplished gradually over the course of later adolescence" (Newman & Newman, 2006, p. 349). It represents a healthy separation from caregivers and allows the adolescent to confidently express thoughts and opinions openly. Partnered with autonomy is the desire to differentiate from others. It is important for adolescents during this stage to have opportunities to articulate their own separateness while still maintaining connection within the family unit (Newman & Newman, 2006).

The parents play an important role in encouraging autonomy by providing a safe environment for expression. Often within families who experience conflict, the adolescent's ability to differentiate may be unsupported and the ability to establish autonomy may be disrupted (Newman & Newman, 2006). Adolescent females seem especially sensitive to reactions from their mothers. In the book *Women's Growth in*

Connection, Writings from the Stone Center, Surrey (1991) discusses how the mother and daughter connection is often based on feeling states that over time develop so there is a "mutual reciprocal process in which mother and daughter become highly responsive to the feelings of the other" (p. 37). The adolescent female's reactions may be entwined with the mother's emotional state so if the mother is supportive of her daughter's desire to differentiate then the process will occur more smoothly than with a mother who may be resistant to that process.

Gender Identity

As the process of autonomy develops, the adolescent is also working through issues related to gender identity. Formulating his or her own ideas on what it means to be a man or a woman in areas of social life, work, family, etc… becomes very important during late adolescence (Newman & Newman, 2006). Culture undoubtedly shapes how adolescents begin to define their gender roles (Newman & Newman, 2006). For adolescent females, working through issues related to gender identity is often deeply tied with the physical changes within the body. According to Greene (2003), "as a girl's body turns into that of a woman she confronts the meaning of what it is to be an adult woman in her culture" (p. 85).

The Mother-Daughter Relationship

The relationship between mothers and their daughters is a unique one that changes throughout the child's development. Over the course of adolescence specifically, many notable changes take place. With the need for autonomy and individuation, there is often conflict and a shifting of power within the adolescent-parent relationship (DeGoede, Branje, & Meeus, 2009). As a result of this power shift, adolescents gain more independence and often share a more equal and reciprocal relationship with their parents, especially with their same-sex parent (DeGoede et al., 2009).

DeGoede et al. (2009) conducted a longitudinal study that sought to examine levels of perceived conflict, perceived parental power, and perceived parental support. The longitudinal sample consisted of 1,341 participants, 648 boys and 694 girls. The sample was split into two groups representing early adolescent ages between 12 -15 and middle adolescence ages ranging from 16 to 19. Likert scales measuring support, conflict and power were given to the adolescent sample. Results of a multi-analysis showed that perceived conflict with parents was related to changes in the parent-adolescent relationship toward more equality.

The relationship specifically between adolescent females and their mothers differs from other relationships. Mothers and adolescent daughters tend to both enjoy more intimacy and tension in their interactions together (Youniss, J. & Smollar, J., 1985). Mothers are often seen as significant role models who may influence their daughter's self-esteem by sharing a common gender, familial relationship as well as

their level of psychological closeness with their daughters (Curtis, 1991). Through interaction with their mothers, daughters learn how their mothers value and accept their bodies, sexual selves, influencing how they come to view their own gender, sexuality, and attitudes about transitioning into womanhood (Curtis, 1991; Gilligan, 1993).

Adolescents and Mother's Breast Cancer

Parental cancer is a unique stressor to an adolescent and often is accompanied by both short-term and long-term losses. According to Leedham and Meyerowitz (1999), short-terms losses may consist of "spending less time with the healthy parent, financial pressure on the family, increased household responsibilities and disrupted family routines" (p. 442). Long-term losses include the possibility of parental death as well as the elevated personal risk for cancer (Leedham & Meyerowitz, 1999). Due to their age, adolescents often need to take on additional roles and responsibilities within the family which may leave them feeling burdened at times (Compas et al., 1996; Faulkner & Davey, 2002; Spira & Kenemore, 2000). Due to their developmental level, adolescents often feel torn between the developmental tasks of adolescence, specifically the need to form relationships outside the family, and the need to deal with the psychological and social burdens demanded by parental illness (Christ et al., 1994).

According to Northouse, Cracchiolo-Caraway, and Appel (1991), adolescents found their lives to be complicated by their mother's illness. They reported feelings of

conflict between wanting to branch out from their family and knowing that they were needed at home physically as well as emotionally, often times helping support younger siblings. Adolescent daughters reportedly wanted to support their mothers during the illness yet felt anger and resentment at not being able to withdraw from their mother at times (Northouse et al., 1991). In addition, the adolescent daughter's resentment toward her mother may increase due to the daughter's fear of inheriting the disease. When dealing with anger, adolescent females overtly express it by arguing with their parent or begin to emotionally as well as physically distance themselves from the situation (Faulkner & Davey, 2002).

Using path analysis, Lewis and Hammond (1996) examined the impact of early stage breast cancer on the functioning of families with adolescents. A total of 70 mothers with breast cancer, their spouses and their adolescent children were recruited for the study. Data was collected over 5 times during an 18 month interval and was obtained using standardized self-report questionnaires. Lewis and Hammond (1996) suggested seven potential targets for intervention including: "the mother's and father's perceptions of the illness-related demands they see impinging on their family, the family member's coping behavior, the mother's depressive mood, the father's negative appraisal of his marriage, the adolescent's view of parenting, and the parent's utilization of social support" (p. 463).

An empirical phenomenological study was conducted looking at the experience of mothers with breast cancer in parenting adolescent daughters (Stiffler et al., 2008). The study lends support to the notion that adolescents are vulnerable when

faced with parental breast cancer. Mothers reported feeling "annoyance, disappointment, abandonment, and anger" (p.115) when daughter's behaviors were perceived as "avoiding them, being selfish, or lacking understanding and compassion" (p.115). One mother reported on how her daughter was affected by her illness stating:

> She wasn't as loving as I thought, in my mind, she should be, and that's the part that she was most withdrawn during my main sickness… I thought she would be the one who would be very open…she was the one that I wanted to be there the most, but she couldn't. (Stiffler et al., 2008, p. 115)

The mother acknowledged that her daughter seemed withdrawn which lends support to the importance of addressing the possible needs of adolescents during this difficult time.

Brown, Fuemmeler, Anderson, Jamieson, Simonian, Hall, et al., (2007) sampled 40 women with a history of breast cancer, specifically including those women who were recently diagnosed, and their oldest child. Measures were chosen to look at various symptoms including anxiety, depression and posttraumatic stress disorder. Brown et al. (2007) found that daughters of mothers with breast cancer showed more symptoms of depression than the boys within the group as well as in relation to the control group.

Depression may develop in adolescent females dealing with parental breast cancer. Silberg et al. (1999) looked at the course of depressive symptoms in boys and girls from childhood into adolescence. Results showed that negative life events were

significantly associated with depression onset, especially during adolescence. Other studies have also shown that negative life events significantly increased the prediction of depressive symptoms (Garber & Flynn, 2001, Kendler, Karkowski, & Prescott, 1999).

In terms of family members' coping behavior, Lewis & Hammond (1996) found that it is important that family members reflect and talk about how they are managing the illness and share their experiences with each other. The quality of the parent-adolescent relationship seems to make a difference in the degree to which the adolescents positively viewed themselves as well as their mother's breast cancer illness (Lewis & Hammond, 1996). Adolescents may be at risk for considering themselves unworthy or devalued when parents become less responsive or attentive to their needs, especially during times of illness (Lewis & Hammond, 1996).

Support Groups

A support group can be defined as a "voluntary, small-group structure for mutual aid and the accomplishment of a special purpose" (Katz & Bender, 1976, p. 266). They often include small face-to-face interactions, participants often have a similar purpose for coming together and the groups can help provide emotional support (Johnson & Lane, 1993). Support groups can offer people a place to express their feelings openly while providing a sense of acceptance for people, helping them to not feel alone (Johnson & Lane, 1993).

Support Groups with Breast Cancer Patients

Support group participation has been associated with various benefits for cancer patients including improved communication skills, enhanced coping skills, and improved psychological well-being (Docherty, 2004). Groups often help patients "experience the universality of their problem, foster self-awareness and encourage catharsis" (Wells, Heiney, Cannon & Ettinger, 1987, p. 41). Research suggests that emotional support established within a group setting can help patients more successfully adjust to a cancer diagnosis (Dunkel-Schetter, 1984). Research by Montazeri, Jarvandi, Haghighat, Vahdani, et al. (2001) supports the beneficial nature of groups. The authors looked at the long-term impact of support group membership among 56 female breast cancer patients. Results were evaluated comparing group members response at baseline to a follow-up comparison one year later. Results showed a significant reduction in anxiety and depression among participants in the support groups.

Support Groups with Families and Children of Breast Cancer Patients

Children experiencing unfamiliar stress due to parental illness need to be able to share their thoughts and feelings related to the illness. Berger (1985) described a drop-in support group designed for cancer patients and their families as a way to "provide a safe arena in which to enhance communication between patient and family members" (p. 90). Support groups allow patients and family members the opportunity

to communicate not only with each other but other families dealing with similar issues.

A support group allows group members to come together and share their experiences with each other, promoting a sense of collaboration and the building of supportive relationships that can last beyond the boundaries of the group (Berger, 1985). Call (1990) evaluated 32 support programs designed to help children of cancer patients. The use of flexibility and creativity appear to be vital when addressing the psychosocial needs of children of cancer patients (Call, 1990). Call (1990) outlines the important features of how the support group helps the participant as follows:

> 1. Reduces or overcomes feelings of isolation by introducing group members to other peers who are going through the same crisis
> 2. It gives them a specific block of time during which it is safe to ventilate feelings and obtain information regarding how to process issues surrounding the illness.
> 3. Group sessions carry fewer stigmas than individual sessions
> 4. Supportive aspects of the group continue after the group ends.
>
> (Call, 1990, p. 116)

Dance/ Movement Therapy

Dance/ movement therapy (DMT) is defined by the American Dance Therapy Association (2009) as the "psychotherapeutic use of movement to further the emotional, cognitive, physical, and social integration of the individual." It is firmly rooted in the idea that the mind and the body are inseparable. It operates from the premise that movement in the body reflects "inner emotional states and that changes in movement behavior can lead to changes in the psyche, thus promoting health and growth" (Levy, 1988, p.1). DMT serves diverse populations including adults and children with a wide array of mental illness as well as those with medical conditions. DMT can be practiced on a one to one basis or conducted within a group format.

In a study looking at the effects of dance/ movement therapy, Koch, Morlinghaus, and Fuchs (2007) recruited 31 patients from a psychiatric facility who were suffering from depression. The authors used a three-group repeated-measure design. Participants were placed in a dance group, a music only group or a movement-only control group. Participants in the dance group showed significant decrease in the level of depression and showed a high increase in the level of vitality. The use of movement within a group setting can help participants suffering from depression mobilize and feel more invigorated.

Dance/ Movement Therapy Group Process

Marian Chace, one of the foundational pioneers of dance/ movement therapy (DMT), described group development in terms of three distinct phases: the warm-up, development, and closure (Chaiklin, 1975). Claire Schmais (1985), a Chace protégé and DMT theorist, expanded upon Chace's idea of the group process to include how groups form and techniques that lead to healing. The warm-up allows group members to become familiar with their bodies as well as helps establish a level of comfort among members within the space. It is within the warm-up phase that establishing "direct communication and contact" (Levy, 1988, p. 24) becomes important. Group rhythmic expression is facilitated along with a physical body warm-up (Levy, 1988).

In the development phase of a session, group members begin to initiate movements and are often invited to take risks when participating (Schmais, 1985). This phase of the group process allows for differentiation between participants which is often seen in the spatial formation of dyads or people moving within a subgroup. The theme development phase allows for a "deeper exploration of the affects, themes, and conflicts" (Levy, 1988, p. 26). In closure, the group comes together as a way of preparing to close the session. It is important to allow participants to leave with a sense of satisfaction and understanding of the process. Furthermore, all group members are acknowledged and invited to share their thoughts or feelings related to their movement experience, in turn connecting the mind and body through the verbal process (Levy, 1988).

Medical Dance/ Movement Therapy

Dance/ movement therapy (DMT) as a body-based modality has been used within medical settings to help adults and children dealing with medical illnesses ranging from chronic pain to various forms of cancer. Goodill (2005) defines medical dance/ movement therapy as "the application of DMT services for people with primary medical illness, their caregivers and family members" (p. 17). The focus of medical DMT is not solely linked to the patient experiencing the illness, but takes into account the entire family, including spouses and children.

In a pilot study in Hong Kong, Ho (2005) used a pre- and post-study design methodology to examine the effects of dance/ movement therapy with Chinese cancer patients. The aim of the study was to help patients find pleasure within their bodies and to be able to express themselves freely. A 90 minute dance/ movement therapy session with 22 cancer patients was held once a week for six weeks. The results of self-report questionnaires participants reported feeling "relaxed, comfortable, and happy" (p. 342) while other participants described feeling "connections between the mind, body and spirit" (p. 342) which is an underlying premise of dance/ movement therapy practice. Moreover, perceived stress scores appeared to be lower following the dance/ movement therapy program.

Dibbell-Hope (2000) looked at the use of dance/ movement therapy (DMT) with breast cancer patients. Using a mixed-methods design, Dibbell-Hope (2000) tested whether a DMT group using Authentic Movement showed improvements in the area of distress. Authentic Movement as described by Dibbell-Hope (2000),

allows the mover to move “in her own time, at her own pace, and from her own impulse…” (p. 53). The DMT group was composed of 33 women between the ages of 35 and 80 who had breast cancer. They participated in a 3 hour Authentic Movement group once a week for six weeks. Qualitative results show that after the DMT group, participants reported feeling less distress. Reported strengths of the DMT group were “the social support received from the group, followed by the presence of the leaders, learning to use movement as therapy, as a tool for self-help, and as a means of self-expression” (p. 64).

Dance/ Movement Therapy (DMT) and Adolescents

Research related specifically to DMT with adolescents is limited but there are components of DMT that are useful when working with adolescents. Ritter (1996) conducted a meta-analysis looking at the effects of dance/ movement therapy and her compiled findings suggest that adults and adolescents benefit from DMT often more so than children. Schmais (1985) suggested that group dance/ movement therapy, regardless of the population, has healing processes that can help facilitate change. These processes include: synchrony, expression, rhythm, vitalization, integration, cohesion, education, and symbolism.

Group synchrony involves moving with one another in a similar way and can help facilitate participants’ connections to one another. Schmais (1985) believed that the development of group synchrony supports “resocialization, activates expression, fosters contact and promotes group cohesion” (p. 20). Finding a sense of

commonality through movement may be helpful in making adolescents feel understood. In her work with African American at-risk adolescents, Farr (1997) addresses the importance of using dance combined with music to help provide a sense of commonality among group members.

Expression is a vital component to the dance therapy process. According to Schmais (1985), it is “the first step towards identifying one’s feelings” (p. 21). Through the establishment of group synchrony in movement, energy flow increases allowing for emotions to unfold safely within the group format. Emotional feelings that are difficult to express can be transformed and released into movement (Schmais, 1985). It is the movement that “allows the acting out of feelings which are not socially acceptable in verbal interactions” (Schmais, 1986, p. 28).

Rhythm is also identified as an important healing process within dance/ movement therapy groups allowing people to connect to their own bodies, to the people around them as well as their environment (Schmais, 1985). According to Schmais (1985), it is “when an individual is troubled, [that] the rhythms that connect him to himself, to others and to the environment are disrupted” (p. 22). Rhythm within a dance/ movement therapy context can help provide structure and order within the session (Schmais, 1985). Chace saw rhythm as a tool for increasing communication amongst group members as well as helping to increase body awareness (Chaiklin & Schmais, 1993).

Vitalization refers to “investing people with the power to live” (Schmais, 1985, p. 25). Dance therapy’s use of movement can help activate the body and

energize participants to act freely and openly in response to their feelings (Schmais, 1985). Through this new found energy, the process of integration becomes important. According to Schmais (1985) integration implies “achieving a sense of unity within the individual and a sense of community between internal and external reality” (p. 26). Integration occurs on many levels throughout the movement process and it is a goal of dance/ movement therapy (DMT) to help clients integrate “body actions, facial expression and verbalization, thought and expression, feelings and words, breathing and activity, past and present, and self-image and self-presentation” (Schmais, 1985, p. 26).

Cohesion as referenced within the dance therapy context relates to the social bond created amongst participants that can be seen in how people are moving together as well as the content that the group brings to the movement experience (Schmais, 1985). Sharing a movement experience with others helps foster cohesion in such a way that feelings can be expressed and understood universally by group members (Schmais, 1985). Through witnessing another person who shares an experience through movement, group members are often able to personally relate. The witnessed experience often leads to a nonverbal offer of acceptance which in turn fosters unity on a group level (Schmais, 1985).

Education in dance therapy is an important process because it helps patients to learn more from their own experiences as well as from others (Schmais, 1985). When engaging in a movement experience, clients often learn about themselves and their relationships. In moving with others, they may find new ways to cope with a situation

or find that they relate to someone on a movement level (Schmais, 1985). According to Schmais (1985), “some of the most important information that people can glean from the group experience is the knowledge of how they relate to others and the reactions they evoke” (p. 32) and they can begin to realize that they are not the only person facing difficulties in their life.

The final healing process identified by Schmais (1985) in a dance therapy context is symbolism. Symbolic expression in dance therapy is an important healing process. It helps form “the bridge between the patient’s internal and external worlds as they transfer energy from one realm to the other in a social context” (Schmais, 1985, p. 33). Symbols often help patients connect their mind to the movement. The symbol can act as a metaphor and movement metaphors “can provide valuable insights into the individual’s patterns of behavior, beliefs, and relationships” (Meekums, 2002, p. 25). With support of group members, people can use movement to “symbolically move through transitional stages, endure emotion and master skills” (Schmais, 1985, p. 34).

CHAPTER 3: METHODS

Design

The proposed study utilized a phenomenological research design. The phenomenological approach allowed for collection of data which may not have been available through nominal data. The main objective of this study was to understand the adolescent female's experience of a mother's breast cancer and how she perceives its impact on her own development. The study investigated this experience through the reflections of young adult women who were adolescents at the time of their mother's breast cancer illness. The study facilitated the participants' access to and reflection on their experiences through a dance/ movement session.

Location

The study was conducted at Drexel University. The movement group portion of the study took place in a large multi-purpose room with open floor space, and the interviews were conducted in a closed classroom on Drexel University Center City Campus.

Recruitment

Recruitment Source and Participant Type

The study recruited two participants for study participation. Participants were healthy young adult females who were current undergraduate or graduate level students of Drexel University. The recruitment sources were undergraduate and

graduate nursing classes, couples and family therapy classes, and dance classes at Drexel University. The participants self-selected according to interest and meeting the selection criteria.

Criteria for Participation in the Study

The researcher developed specific inclusion and exclusion criteria for participation in the study. Prospective participants self selected according to interest and meeting spoken and or written inclusion and exclusion criteria outlined in the recruitment announcement script (Appendix A) or written abstract (Appendix E) and corresponding response form (Appendix B or Appendix F) depending on the recruitment preference of the professor.

Inclusion Criteria

Young adult female women who were current students at Drexel University and were between 18-28 years old were eligible to participate in the study. The participant needed to have been an adolescent at the time of her mother's breast cancer illness. Participants had to consider themselves to be currently psychologically stable. Participants self-selected according to recruitment criteria in terms of mental health issues. Participants had to be willing to participate in a dance/ movement session and a verbal interview. In addition, participants needed to be available to participate in the study on a Saturday designated by the researcher.

Exclusion Criteria

Males were excluded from the study since the focus revolves around the adolescent female's experience of having a mother with breast cancer. Women whose mothers died from breast cancer or are experiencing a life threatening illness were excluded from the study. Women who received treatment for a mental illness during the past three years were excluded from the study. The study excluded adult females above age 28, with a consideration for recency of adolescent experience for more accurate recall and its likely relevance to current life stage development. There were no exclusions based on race. In addition, prospective participants with any personal connection to the researcher were not eligible to participate in the study.

Recruitment Procedure

Participants were recruited to the study by the researcher through Drexel University undergraduate and graduate nursing, couples and family therapy classes, and dance classes, selected for recruitment convenience, from which the researcher had obtained instructor permission to recruit. The researcher entered the designated classes and verbally presented students with information regarding the study and the study procedure using a prewritten recruitment script (Appendix A). After reading the recruitment script the researcher passed out a response form repeating in written form information regarding the study's purpose and eligibility requirements (Appendix B). Students were asked to review eligibility criteria for participation in the study. They were asked to either indicate interest in and eligibility for study participation in the

space provided along with name, phone number, and preferred contact time or to indicate they were not interested in or eligible to participate by writing the statement "I do not wish to participate in this study" on the form. Once participants filled out the response forms they were asked to return them to the front of the classroom where the researcher collected them. At the request of one instructor, a recruitment variation was used with one class, a written abstract (Appendix E) with a corresponding response form (Appendix F) was distributed at the end of one of the classes with a request that if students were interested in the study they were to send an email to the researcher, at an email account set-up for the study, as specified on the form (Appendix F) indicating interest in the study as well providing contact information and a desired contact time for the researcher to make a follow-up contact.

The researcher contacted those who indicated an interest in participating and who self-selected as meeting criteria for study participation. The researcher further explained the study to those contacted, answered any questions, and reviewed again the participation criteria. When the prospective participant confirmed eligibility and interest in participation, the researcher communicated the movement session time and location and scheduled the verbal interview.

Study Procedure

Data was collected through methods outlined by Moustakas (1994) which involved the use of a qualitative open-ended interview structure. A dance/ movement session, designed to facilitate participants' access to their adolescent experiences,

preceded the interview. The researcher functioned in the role of movement facilitator during the dance/ movement session and moved with the group in that role. The procedures for the dance/ movement session and interview are detailed below.

Informed Consent Procedure (30 minutes)

Participants were fully informed of the purpose and procedures of the study including their rights as a research participant. The researcher estimated that the consenting process would take about thirty minutes. The researcher explained each page of the consent form to the participant. In addition, the researcher thoroughly explained the confidentiality procedures and limits of confidentiality to the participants. The researcher emphasized the voluntary nature of the study and solicited questions. After verbally explaining the study's procedures, the participant was given a written copy of the consent form, outlining in detail what had been explained verbally by the researcher (Appendix C). Participants were asked to review the consent form. They were asked to repeat in their own words their understanding of their participation in the study. When it was clear that they fully understood and decided to take part in the study, the participant was asked to initial each page of the consent form and sign the two consent form copies. Both forms were also signed by the researcher. One copy was given to the participant while the other was stored in a locked, secure file in the Drexel Creative Arts in Therapy Program offices.

Researcher Epoche

Moustakas (1994) emphasizes the importance of the epoche process as a way for the researcher to become more receptive and open to a phenomenon. The researcher/ facilitator engaged in an epoche process before the dance/ movement session and prior to data analysis to be able to approach the experience with "openness, seeing just what is there and allowing what is there to linger" (Moustakas, 1994, p. 90) without relying upon "preconceived ideas and biases" about the way things are (Moustakas, 1994, pg. 85). The epoche involved the researcher/ movement facilitator in moving and journaling about her own adolescent development as well as reflecting upon issues related to maternal breast cancer illness. Any personal lens the researcher brought to the research process was reflected upon so as not to distort the researcher's attention to and understanding of the participants' experiences.

Dance/ Movement Session (90 minutes)

Warm-up: 15 minutes

The researcher began with a structured movement warm-up. The warm-up consisted of a full body warm-up starting with the feet and moved successively through the body to the head. The researcher incorporated the use of self-touch, prompting participants to massage or tap their bodies to awaken sensation. The researcher suggested body part and whole body movement and options for movement activity (such as shaking, rotating, twisting, stretching, shifting, etc.). The researcher facilitated some simple movement interaction between participants. The researcher

conveyed that participants may make decisions about how to move. Participants were then asked to explore the space around them and were prompted to move into the space and find a comfortable place in the room. The researcher as well as other participants was moving during the warm-up.

Dance/movement process exploring adolescent experience: 45 minutes

Upon completion of the warm-up, the researcher guided movement session participants in recalling and reflecting on their adolescent experience. Participants were asked to explore how they each walked and moved as an adolescent. Participants were invited to offer images related to their adolescence including types of clothing they used to wear, types of music they liked, and preferred hairstyle choices. Participants were asked to explore the relationship with their mothers during adolescence and their mother's breast cancer illness. Participants were asked to "move through" the different stages of their adolescent experience to reflect upon their experience: before their mother was diagnosed with breast cancer, during the breast cancer illness, and their experience after the illness. Participants were asked to explore adolescent themes of physical development, body image, and identity. The researcher asked participants to move in response to remembered feelings. The researcher asked participants to each create an individual movement motif phrase that captured a meaningful moment in the movement session.

Journaling/ Discussion/ Closure: 30 minutes

The researcher asked participants to journal about their movement experiences for 10 minutes. Participants were then encouraged to talk about their movement experience with one another and if comfortable, share their movement sequences. A movement closure followed the group discussion. This portion ended with a brief movement sequence, led by the researcher/ facilitator, designed to physically "cool down" from the movement activity, ground participants in the present, and acknowledge shared experience through simple movement and breathing together.

Verbal Interview: 60 minutes

The researcher conducted an interview with individual participants immediately following the movement session in a private classroom at Drexel University. The interviewer guided the interview with open ended questions about the participant's experience in the movement session and as an adolescent. An interview guide (Appendix D) was used to facilitate a responsive interview process. The researcher recalled movement observed during the group movement session to ease into a discussion of the participant's experience. Questions included inquiry about the participant's experience of adolescence including physical development and body image experiences, her experience of her mother's breast cancer illness, her experience of her relationship with her mother at the time, and her reflections on how her mother's illness may have shaped her development. The researcher also inquired about interpersonal supports that the participant had at the time and her perspective

on supports that might have been beneficial. The researcher contacted each participant, once she had written an interview summary, to ask the participant to review and verify that the interview summary accurately described her experience. The researcher also made personal notes regarding movement observations made of each participant during the movement session (Appendix G).

Data Storage

Audio-recordings, transcribed documents and the researcher's notes were stored in a locked filing cabinet without identifying information in the office of the primary investigator. The audio-recordings, transcribed documents and researcher's notes were destroyed following data analysis.

Data Analysis

The researcher transcribed the interviews. The interview transcriptions were qualitatively analyzed to identify emerging themes. Moustakas's (1994) modified version of the Van Kaam method of analyzing data was used. The interview transcripts were used to make preliminary groupings, and all material was treated with equal value, which Moustakas (1994) calls horizonalization. Transcript data was reduced and eliminated in accordance to whether the information related specifically to the experience. Any clusters of information were then grouped according to similar themes. The themes were reassessed by looking back over the transcripts to be sure they were explicitly expressed (Moustakas, 1994). The researcher contacted each

participant to ask the participant to review interview summary content and verify that the summary accurately described her experience**.**

Operational Definition of Variables

Adolescence: For the purposes of this study, adolescence was broken down into two stages: early adolescence, ranging from age 12-18 years old, and later adolescence ranging from 18-24 years old (Newman & Newman, 2006).

Breast cancer illness: For purposes of this study, breast cancer illness is defined as having a medical diagnosis of breast cancer which involves "an uncontrollable growth and spread of cells in the breast" (American Cancer Society, 2007).

Depression: was defined as a person's perception of self as depressed with depressed mood and symptoms.

Dance/ movement therapy (DMT): was defined as the "psychotherapeutic use of movement to further the emotional, cognitive, physical, and social integration of the individual" (American Dance Therapy Association, 2008).

Motif phrase: a brief sequence of movement created by the participant that captures a meaningful moment experienced during the movement session.

Possible Risks/ Discomforts

There was minimal risk in confidentiality since the interviews were audio-recorded however the audio-recordings were stored in a locked cabinet in the primary investigator's office and were destroyed upon completion of data analysis. There

were possible risks and discomforts that may have affected the subjects. There was a risk that the subject may have felt self-conscious moving with others and felt uncomfortable talking about her adolescent experience of having a mother with breast cancer. There was a risk that the structured movement experience may have stimulated memories and emotions that created distress for the subject. The researcher put precautions in place to minimize risks to the subjects. The researcher explained to the subject that if at any point during the movement experience the subject felt uncomfortable or distressed they were allowed to stop. The closure portion of the movement session was designed to physically “cool down” the body as well as act as a psychological closing process for the participant’s experience. The researcher provided the subject with the telephone number for the Student Counseling Center in the consent form as well as offered the subjects a verbal reminder of this service at the start of the study as well as at the end of the interviewing process.

CHAPTER 4: RESULTS

Overview

This chapter will present analysis of data from two participants who took part in the movement experience followed by a verbal interview. The movement session was held on a Saturday morning in May, coincidentally the day before Mother's Day. Both participants showed up on time and expressed their interest in exploring their adolescent experiences through movement. They both chose to stay and conduct their interviews immediately following the movement experience. The participants were very active and engaged with the movement structures, taking initiative in shaping them. Both appeared calm and spoke openly during the interview process. Overall the study participants shared common ground in the arenas in which the essence of their experiences of mother's breast cancer occurred. However, the essence of each participant's experience involved its own unique dimension. Essences related to communication between mother and daughter, body image, family dynamics, and control seemed to be important in shaping how these participants experienced their mother's breast cancer.

Participants

This study was designed for five female participants between the ages of 18-28 who were of adolescent age at the time of their mother's breast cancer diagnosis. 2 female participants who were age 12 and 20 at the time of their mother's breast

cancer illness were recruited for this study. Recruitment response was limited. Recruitment was conducted in eight graduate nursing classes, two family therapy classes, and a Drexel dance class as well as posted flyers throughout Drexel's Center City campus.

Analysis of Data

An analysis of data will be presented on each of the participants. Each participant's interview transcription was analyzed and descriptions of their experience are outlined here using the modified Van Kaam steps as described by Moustakas (1994) which initially include: making preliminary groups relevant to the experience, reducing and eliminating irrelevant expressions, clustering information into developing themes, and validating the themes through careful examination. A textural and structural description was constructed for each participant as well as a textural-structural synthesis. Both participants' descriptions were combined and analyzed to form a composite textural-structural analysis.

Participant A

Background Introduction

Participant A was in the early stage of adolescence, age 12, during her mother's breast cancer illness. She was very active and engaged in a variety of activities and enjoyed spending time with her friends. Upon arriving for the movement session she talked with this researcher about her years of dance training

and how it has developed into a passion in her life. She successfully completed high school and talked about being an avid sports player. She is currently pursing her college education and has continued her passion for dance, music and theater. During the interview, she was attentive and spoke candidly about her experience.

Movement Description

Participant A appeared to be relaxed and comfortable during the movement session. She was observed moving freely around the room, exploring different movement qualities and areas of the space around her. She was responsive to the suggestions of the researcher and helpful in shaping the structures. When asked to share her movement motif, she stood up and began moving both arms and legs with limited intention and weight in multiple spatial directions which she described as “not focused” and “erratic.”

Preliminary listing of relevant expressions

The interview transcription was analyzed for essential expressions related to Participant A’s experience of being an adolescent dealing with a mother’s breast cancer illness. Each expression was tested to see whether it contained a necessary idea sufficient for understanding the experience. Expressions were reduced and overlapping expressions were eliminated. An exemplar statement, as shown in Table 1, is offered from the list of relevant expressions (Appendix H) to support the emerging themes identified.

Table 1

Participant A's Relevant Expressions and Themes

Meaning Clusters	Themes	Exemplar
Importance of Communication	lack of communication within the family unity	"It wasn't discussed in the family"
	not being told about the diagnosis	"My mom didn't acknowledge the fact that she had breast cancer, she told me it was shoulder surgery"
	not feeling comfortable speaking openly about one's feelings	"I never talked to her about how I felt because she never talked to me"
Lack of Acknowledgement	diagnosis being ignored	"It was kind of ignored…not until I asked my Mom if she had breast cancer did she tell me"
	acting as though it never happened	"it was treated like it never happened"
Lack of Understanding	feeling unaware and confused about what was happening	"I was unsure of what was going on…"
	not understanding the body and what it means to be a woman	"I really didn't have as great of an awareness of my body and what it meant to be a woman"

Availability	wanting more emotional support and availability despite a strong physical presence	"she was available physically but emotionally I guess not"
Support Systems	outside activities as an outlet	"I did softball, basketball, field hockey, volleyball, I danced, I played bass clarinet, I was a girl scout…I liked being busy and involved in stuff"
	talking with friends	"I talked to my friends about how I felt"

Participant A: textural description

Feelings of confusion and misunderstanding surrounded Participant A during her mother's illness. The confusion was heightened by the lack of communication about breast cancer among family members. Her movement phrase she composed during the session mimicked what appeared to be that of a loose doll that she describes as "being erratic" and "not focused." A complete lack of understanding of the issues within her environment merged with her internal state of unsteadiness. "I was ignorant to whatever was going on and unaware of my body still."

The urge to stay busy and keep moving comforted her as the support of various activities allowed her to distract herself from the confusion at home. "I did softball, basketball, field hockey, volleyball, I danced, I played bass clarinet, I was a girl scout and my Mom was the troop leader… I was very involved obviously in lots

of things." She was weighed down by the many questions that enveloped her about what was going on with her Mom and her feelings resurfaced during the interview process. "My mom didn't acknowledge the fact that she had breast cancer, when she told me, she said it was shoulder surgery, so that's what was initially on my mind when starting the movement experience today." Internal conflict arose between what she was told and what she knew to be true. "Despite being told it was shoulder surgery some part of me knew it was something else." The word "cancer" was nonexistent within her family and it was repeatedly "ignored and treated like it never happened."

Internal turmoil was amplified by her struggle to fully understand her own body in her attempts to conceptualize the meaning of being a woman. "I really didn't have as great of an awareness of my body and what it meant to be a woman so when she was diagnosed…I didn't really understand the impacts of it." Dealing with the normal tumultuous journey of adolescence in addition to her mother's unspoken breast cancer illness left Participant A besieged. "Puberty and my body changes and all the hormones and emotions" were happening all at the same time and "it was a lot to take in."

Participant A's perception of a close bond with her mother was disrupted when tension arose at times during the illness. "We've always been really close" although "we fought all through my adolescence." Living with a mother who never shares her feelings, especially during a breast cancer illness, left Participant A yearning for emotional closeness with her mother. "My mom never really talks about

how she feels." Despite her Mom's attempts to maintain a physical presence, Participant A continued to ache for emotional connection. "She was available, she still dropped me off at all my practices, picked me up, but emotionally she wasn't always there." "The emotional aspect was never addressed" and amongst the family, in regards to the breast cancer illness, "it wasn't discussed."

Participant A: structural description

The structures that seem important to Participant A's experience of having a mother with breast cancer include the family unit's communication style regarding illness and the perceived level of emotional availability. Participant A was not told outright about her mother's breast cancer illness. She asked her mother directly if she had breast cancer at one point and that was how she became aware of the situation. Participant A believed her age at the time of her mother's breast cancer illness played a role. "I guess they didn't tell us certain things because they thought we were too young to understand."

Within the family's communication style, it was not uncommon for issues related to death and illness to not be discussed. Participant A believed for years that her aunt had died from leukemia and came to find out later that she had committed suicide. "I actually thought she died of leukemia for the longest time until my freshman year in high school when I was doing a report and I asked my Mom…she was like no she committed suicide." Participant A and her mother enjoyed engaging in outside activities. "I was a girl scout, my mom was the troop leader, we were

always going and coming from somewhere whether it was sports or dance class." The perceived lack of emotional support made it difficult for Participant A to process the illness. "The one thing is that she is so internal, she never really talks about how she feels." Despite her mother's physical presence, Participant A longed for emotional dialogue. "My mom doesn't really like to discuss things very much about how she feels."

The lack of communication about her mother's breast cancer left Participant A feeling a sense of frustration about how issues were avoided at the time and the frustration often led to disagreements. "We started fighting sometimes, despite being close, which may have been from us not discussing her illness, or just lack of communication overall." Furthermore, the lack of communication left her feeling confused and unsure about how to deal with life issues since at the time of the illness it was not discussed. Participant A held back her emotions and did not express her feelings regarding the illness. "I feel like I wasn't provided with the tools of how to deal with things like that…I never talked about how I felt about it because she never talked to me about how she felt." While Participant A repeatedly described how involved her mother was in outside activities it was clear that the lack of communication regarding the illness left Participant A yearning for more emotional connection with her mother.

Participant A: textural-structural description

The essence of Participant A's experience of being an early adolescent during her mother's breast cancer illness appears to be characterized as somewhat of a parallel process with both confusion and misunderstanding about her mother's breast cancer illness as well as her own developing body. With the onset of puberty and rapidly changing hormones combined with her mother's breast cancer illness, which resulted in a full mastectomy on one side, there may have been a sense of uncertainty surrounding bodily changes related to normal development as well as confusion about the physical impacts breast cancer has on the body.

The confusion may have been heightened by the family's communication style which consisted of not acknowledging or talking about the illness. A lack of honesty about the breast cancer illness and the fact that she had to ask her mother directly about the cancer left Participant A feeling frustrated about not being told what was happening. In addition, this participant consistently stayed busy as a means of distraction, using a wide array of activities as well as the support of friends as a means of coping and attempting to maintain some feeling of control. In terms of her mother's support, while physical availability from her mother appeared to be present, a lack of emotional availability and openness seemed to play an important role in shaping this participant's experience. She yearned for emotional closeness and desired a deeper connection with her Mother. She did not feel comfortable talking about her feelings regarding her mother's illness or questions related to her own developing body because within the family unit it was ignored and not acknowledged.

Participant B

Background Introduction

Participant B was 20 years old and in the later stage of adolescence during her mother's breast cancer illness. She was attending college out of state, majoring in vocal performance, when her Mom was diagnosed. She had a warm, friendly presence during the interview session and talked about her experience with confidence and honesty. She described herself at the time as the "spunky, outgoing girl." She disclosed that her adolescence during her mother's illness was a difficult time in her life and challenging to think back and reflect on. "It was a lot harder than I thought it would be because I mean you are who you are and I'm walking around in my now 24 year old skin and for me to look back, it's tough because so much has changed" and "I feel all the things I've gone through have just expanded my soul and my capacity to feel."

During the interview process, she talked about how she had let her Mom know about the study stating "hey mom, your illness got me into this research thing" in which her Mom then responded "that's really exciting." She expressed her regret about not always listening to her Mom during difficult times of the illness but looked forward to talking with her Mom about it and apologizing. "It was very meaningful for me to just reflect upon my relationship with my mother." As the interview concluded she talked about the irony of the study being held the day before Mother's Day and her plan to call and revisit conversations with her Mom regarding the experience of her illness.

Movement Description

Participant B was anxious about the idea of actually using movement to reflect upon her adolescent experience and stated: “the more I realized there was actual movement involved I got really nervous because I really hate dancing…I’m really bad at it. With creating my own movements and stuff I was really worried about it.” After letting go of the nerves and embracing the experience Participant B was amazed at what she discovered. “Surprisingly I ended up feeling really comfortable exploring my own space around me and thoughts of my adolescence came easier to me when I wasn’t focused on my inadequacies as a mover.”

At the start of the movement warm-up she appeared somewhat nervous and tense although as the session progressed she was observed using various parts of her body and exploring the space around her, helping to shape the various structures initiated by the researcher. She described distinct moments that stood out for her during the movement session, especially being invited to explore the space around her stating that it helped her “feel expanded and empowered.” “It felt really good to stop and be very aware of my body, to really be aware of every joint and muscle, it was a very awakening thing for me.” When asked to share her movement motif, she stood very tall in the vertical dimension and slowly spread both arms out wide to the side.

Preliminary listing of relevant expressions

The interview transcription was analyzed for essential expressions related to Participant B's experience of being an adolescent dealing with a mother's breast cancer. Each expression was tested to see whether it contained a necessary idea sufficient for understanding the experience. The expressions were reduced and overlapping expressions were eliminated. An exemplar statement (see Table 2) is offered from the list of relevant expressions (Appendix I) to support the emerging themes identified.

Table 2

Participants B's Relevant Expressions and Themes

Meaning Clusters	Themes	Exemplar
Support Network	closeness of family	"I am extremely close with my family we all have a very close relationship with each other"
	use of outside activities	"I was very heavily involved in singing before, during, and after the diagnosis"
	friends as support	"I had friends who were supportive about it and would ask how things were going"
Image of Breasts	weapons	"glanced down at my breast and was like wow, these could be a weapon against me"
	medium for disease	"I started viewing my breasts for the first time as a medium for disease"
	destroyer	"We think of breasts as sexual things, or as breast feeding, they have these two roles, but like it could assume a 3rd role as destroyer, it's scary"

Perception of disease	hopeful and optimistic	"when that breast cancer call came, it was like ok, here's a little speed bump in our family but we're gonna make it through"
	confident in early detection	"it wasn't this upheaval, it was like, ok, that's crappy but they caught it early and she's going to be fine"
Communication	lack of desire to talk about certain topics	"it's often a taboo topic talking in-depth about cancer"
	fully communicating with family members	" we never had a time where we didn't speak to each other…like all of my three sisters, my mother and father we're all close and able to talk to each other"
Autonomy	need for independence	"it was adolescent behavior. It's let me live my life…"
	push-pull within the family	"I crave your support but I need to do my own thing in some ways"
Body Image	reflecting on bulimia issues	"I've had a lot of body image issues; I had bulimia in high school"
	disliking the body	"I remember what it was like to really hate my body back then"

Participant B: textural description

Participant B's unwavering drive toward optimism led her to embrace hope as a means of coping with her mother's breast cancer illness. The pain expressed by her mother was unbearable and she refused, at times, to tolerate her mother's hopelessness.

> I was not hit with this wave of sadness, I was not like oh my gosh my Mom's gonna die or wasn't more aware of my mother's mortality, I was just like ok, fine, you'll get through it cause my Mom IS the unsinkable Molly Brown.

Despite having difficulty accepting a lack of optimism, her own hope was often pierced at times with fear relating to her own body and health. "I didn't want to acknowledge, I didn't want to encourage, I didn't want my supporting her fears to be confused with like me being scared also…"

The strength and closeness of Participant B's relationship with her family was challenged at times by her desire to fulfill her own needs. "I felt like I want to keep having your support, I need your support, I crave your support but I need to do my own things in some ways." She struggled with really wanting to get close but needing to pull back. This struggle was reenacted during the movement session as she was observed using her arms to push and pull rigorously. "The selective pushing motion I did, was like pushing everyone, not my family specifically, but just wanting and needing to do my own thing."

Participant B could not bear to face the diagnosis and any small fear or anxiety she may have had about her Mother's health was shrouded by her extreme conviction that her Mom would pull through.

> My tendency with my mom's diagnosis was to push it aside, not because I was in denial but because I knew and believed everything would turn out ok. I didn't want to acknowledge her path to recovery. I had so much faith that she was going to get through it, I did not acknowledge her difficulty enough.

Hope dominated her emotions so much that when it was rattled she found herself suddenly surrounded by her own fear. "I thought as long as my Mom's got hope and she's got the medicine then whatever. I perplexed to all of a sudden see my mother get discouraged... I saw her hope faltering and it absolutely terrified me."

Participant B's own self-perception shifted after her mother's breast cancer diagnosis, bringing to life all of her past self-loathing thoughts. During adolescence "I remember really hating my body" and "not being comfortable in my body, I despised it." An overwhelming fear and perception of her body as an enemy emerged after her Mother was first diagnosed.

> I started viewing my breasts for the first time as a medium for disease. That night that I got that phone call from my Mom, I glanced down at my breasts, which were large and was like, wow, these could be a weapon against me. Thinking of something within my femininity essentially hurting me, it was scary. Breasts have these two roles, they are used for

> breast feeding and nurturing, and also are these sexual things but can also assume a third role of destroyer and that is a terrifying thought.

These thoughts were so raw because of the close-knit bond she had with her Mother. “We’ve always been extremely close; it’s always been like best friends with my Mom.”

The openness and closeness of their relationship forced Participant B to deal with the needs of her Mother and at times blurred the boundary between the parent/ child relationship. When her Mom reached out for her support, which often included her Mom sharing the “dark sides” of her illness, she was overwhelmed and retreated to the safety of her own optimism.

> I remember one time she called me and said “I’m really scared and I’m really hurting” and I was immediately like don’t do that, you’re going to be fine, you’re an optimist Mom come on…that’s what you need, you’ve got the medicine, you got the optimism, that’s your key to recovery.

The openness that defines their relationship suddenly shuts down when a mutually understood “taboo topic” like breast cancer is brought up. Close connection is interrupted by overpowering feelings of discomfort.

> We have a couple taboo topics and I think her breast cancer often falls into that camp. We can talk about it but I know if we were to sit down and talk at length about it, both of us would be extremely uncomfortable.

Participant B relied on her connections with her family members and groups of friends and clung to these supports as a means of finding nurturance during her

mother's illness. "My family, we are extremely close and I had some friends who were really, really a support for me during that time." Staying busy with various activities, especially her devotion to singing, and adhering to her full college schedule allowed for some distraction. "I had a pretty busy, normal college schedule that was full in terms of classes all day and doing choir at night."

Participant B: structural description

The structures that seem to support Participant B's lived experience of being an adolescent during her mother's breast cancer illness was the sense of support provided through her family and close friends. Furthermore, the family's unwavering drive toward optimism throughout the process seemed to provide important means for coping. "I just had so much faith that we were going to get through this." The role of her Mormon faith within her family helped strengthen their bond. Family members spoke openly with each other, and relied on each other's support and feedback during the breast cancer illness. "We are extremely close, like if one sister is busy doing something, I can call the other with the exact same problem."

Even with the concern about her mother's health during her breast cancer illness, Participant B maintained a sense of optimism about her mother's health and recovery. The relationship with her mother is rooted in friendship allowing her mother to speak openly with her about her fears and worries regarding the illness. Her mother would call after her treatments, leaning on Participant B for support. "I just had radiation and I'm hurting." It was difficult for Participant B to hear the despair

and discouragement in her mother's voice, because she's "the unsinkable Molly Brown and always positive." Participant B often feels regret about cutting her mom off when she was sharing moments of despair and pushing for a more optimistic viewpoint. The drive toward optimism helped Participant B cope with her mother's illness although at times it acted as a barrier to discussions. "I know if we were to sit down and talk at length about it both of us would be uncomfortable, I would be uncomfortable with her uncharacteristic lack of optimism and she'd be uncomfortable with my discomfort."

Another important structural component to this participant's experience is her body image issues both prior and during the time of the illness. She hated her body for years prior to her mother's illness. "Memories of the bulimia came back just because when I think about adolescence I think about it…. I remember dieting in my early teens and despising my body. Those were very imprisoning thoughts for a long time." Participant B's feelings regarding her breasts as "weapons" and "destroyers" may be supported in some way by previous body image concerns.

Participant B: textural-structural description

Participant B's experience of being a later adolescent female dealing with her mother's breast cancer illness is characterized by a strong drive toward optimism and hope as a means to cope with her mother's illness along with relying on a strong familial bond. Relying upon friends, outside activities, and the family unit as a means for support seems to be an important factor in this participant's experience. The

participant maintained an optimistic viewpoint throughout the illness and it appears that it was in seeing her mother's discouragement and doubt at times that stirred up the most fear within her.

The participant's relationship with her mother was strong and resembled a friendship, equal in nature, with her mother relying on her for support during her illness. Despite the openness within the relationship it was difficult for the participant as well as the family as a whole to handle the mother's feelings of hopelessness. While family members were open with each other regarding the illness, the participant discussed reluctance at the idea of talking at length about the illness with her mother. In addition, the participant discussed what she referred to as the "push-pull" of adolescence that was going on before and during her mother's breast illness. Her desire to be autonomous and make her own choices regarding who she was dating often led to moments of disagreement with her parents. Despite her need to live her own life, the strong family unit still remained a focal point.

The essence of the participant's experience in relation to her body is captured in her own words of seeing her breasts as "weapons" and "destroyers." After her mother's diagnosis she viewed her body, specifically her breasts in a threatening way. Years of struggling with body image issues related to bulimia fused with a realization that breasts were at the root of her mother's illness was "terrifying." The thought of something developing "within femininity" was very scary and unsettling in this participant's experience.

Composite Textural Description from Both Participants

The lived experience of being an adolescent female dealing with a mother's breast cancer illness appears to be subjective yet similar essences emerged. The participants were at different stages of adolescence during their mother's breast cancer illness. Despite this difference, both of their experiences were equally challenging in similar as well as different ways. Internal conflict about the body including hormonal changes as well as suddenly shifting perceptions about the body being an enemy was confusing and scary. Dealing with raging hormones in addition to trying to understand her mother's illness left Participant A lonely and confused. To suddenly view a part of the body, the breasts, as "weapons" and "destroyers" left the other participant terrified.

Emotional attachment to their mother was strong for both participants. Breast cancer challenged the mother-daughter bond at time, often shutting down communication. One participant yearned for emotional closeness and connection with her mother while the other had difficulty holding the raw emotions expressed by her mother. In one sense a mother was cut-off emotionally and not able to discuss her cancer openly leaving her daughter to question in silence. In another instance, a mother may speak so openly that it blurs the boundary between the mother-daughter relationship. A driving sense of optimism often makes it unbearable to deal with the vulnerabilities expressed by mother, leaving behind a feeling of powerlessness.

For some participants experiencing a mother's breast cancer leaves one feeling out of control and there is a struggle to reestablish a sense of control whether

it be through staying active, focusing on hope, or following the normal urge to differentiate. Amongst families, a breast cancer diagnosis can pull a family closer together; fostering openness and support, or it can isolate family members, leaving each to deal with their experience alone. Dealing with a mother's breast cancer illness during adolescence is multi-dimensional and emotionally challenging and marks a shift in the mother-daughter relationship structure.

Composite Structural Description for Both Participants

Both participants' family dynamics shaped their lived experience regarding their mother's breast cancer illness. For one participant, a lack of honesty about her mother's breast cancer illness combined with a lack of communication within the family brought about feelings of frustration and confusion. The challenge of balancing puberty, fluctuating hormones and a changing body while at the same time dealing with a perceived lack of emotional availability from mother made for a challenging experience wrought with confusion and a lack of understanding.

An environment of honesty and open communication within a family structure shapes the experience differently. The participant's openness with her parents and egalitarian relationship with her mother made for a unique experience. With the norm of honesty established, the mother shared her fears and concerns with the family in a raw and open way. An unwavering sense of optimism steered the family's experience and it became difficult at times to support despair, fear, and hopelessness that arose from the mother.

The experience of adolescence in addition to dealing with a mother's breast cancer illness undoubtedly brings about issues concerning the body. An uncertainty about how the body changes during adolescence as well as the physical impacts of breast cancer can create fear and confusion. Past body image concerns and battles with bulimia may have played a role in one participant's perspective of her breasts as potential weapons. Regardless of whether one is at the early or later stage of adolescence it shapes how the participant experiences their mother's breast cancer illness.

Textural-Structural Synthesis for Participants

Experiencing a mother's breast cancer illness during adolescence brings about emotional challenges around body issues and is often shaped by the family structure that is in place. Whether a family structure is one that supports open communication or one that does not acknowledge the illness openly, the perceived level of family support seems to be important. A perceived lack of emotional availability and lack of communication about the illness during the early stage of adolescence can make it difficult for one to understand and process their emotions as well as accept their developing and changing body.

While speaking openly and honestly can be helpful, it can also pose a challenge at times when a mother is openly expressing fear and disparity. Optimism can be useful in dealing with the experience although when that sense of hope is challenged it can arouse fear for the daughter, in turn, shutting down communication

with the mother. A sense of independence and autonomy was also important for these participants as times of conflict between mother and daughter arose before and during their breast cancer illness. As a means of coping and maintaining a sense of independence and control, the use of support networks especially talking to friends and staying engaged in outside activities was important to dealing with the experience.

The challenges of understanding the newly changing body during adolescence in addition to dealing with a mother's breast cancer illness that threatens a part of her own femininity can create confusion, fear, and internal conflict regarding how one perceives their own body. A lack of understanding about the body combined with the insecurities that develop during adolescence can make it even more difficult to deal with and understand a mother's breast cancer illness.

CHAPTER 5: DISCUSSION

Overview

The purpose of this study was to better understand the adolescent female's lived experience of a mother's breast cancer and how she perceives its impact on her own development. The researcher is interested in applying this understanding to the development of a dance/ movement therapy (DMT) support group model for adolescents whose mothers have breast cancer. This chapter will first give an overview of the results and it's relation to the available literature. Using the results and the literature as a framework, a proposal of a DMT support group model will be presented. The role of the DMT session in the research process will follow with a discussion on how the use of movement was helpful in accessing recall of the lived experience of the participants. A brief section on the researcher's epoche along with a reflection on the researcher's experience will follow. This chapter will conclude with limitations of the study and implications for future research.

Overview of Results

The lived of experience of being an adolescent female dealing with a mother's breast cancer illness is subjective and experienced differently among each individual. Overall these participants both had uniquely different experiences regarding their mother's breast cancer illness yet they shared some similarities within their experience. The study participants shared common ground in the areas in which the

essence of their experiences of mother's breast cancer occurred. However, the essence of each participant's experience involved its own unique component. Essences related to communication between mother and daughter, body image, family dynamics, and control were important in shaping how these participants experienced their mother's breast cancer.

It is hard to decipher whether it was the difference in age at the time of the illness or simply the uniqueness of their experiences that made for differences among the shared essences yet they both appear to have adjusted well and worked through it. The candidness during the interview process hinted to a level of comfort and resolve in being able to discuss their experience. Results appear consistent with Hoke's (2001) study that showed that adolescents adjusted well in school and within a social context despite having to deal with their mother's breast cancer illness.

The participants both discussed varying body issues that were present at the time of their mother's breast cancer illness. For the participant who was 12 years old and in the early stage of adolescence during her mother's breast cancer illness, the combination of her mother's lack of emotional availability in addition to her confusion regarding her changing body made the experience difficult to understand. Her experience is consistent with Newman and Newman's (2006) discussion of the parallel cognitive and physical developmental process that occurs during early adolescence. During this stage, the wide array of thoughts along with a changing body can often leave an adolescent feeling overloaded and confused (Newman & Newman, 2006). In addition, this participant's movement motif that she shared with

this researcher that related to how she felt about her body, she described as “erratic.” Her lack of body awareness and understanding about her body at the time seems to fit with the physical developmental process of early adolescence described by Newman and Newman (2006) in that it often takes time for adolescents to fully adjust to their changing body and they are often left feeling dismayed and confused (Greene, 2003).

The participant who was age 20 and in late adolescence reported issues related to the body that differed from that of the first participant. She reported feelings of fear and insecurity related to her own body, specifically describing her breasts as “weapons.” Curtis (1991) discussed how it is through the interactions with mothers that can influence daughters’ view of their own sexuality and body. Northouse et al. (1991) reported that adolescent daughters often show resentment toward their mother due to the daughter’s fear of inheriting the disease. Results from this study did not support the findings of Northouse et al. (1991). While there was an apparent fear of inheriting the disease through viewing the breasts as “destroyers” there was no explicit expression of resentment toward the mother.

It also became clear that Participant B’s experience related to the developmental tasks related to autonomy as outlined by Newman and Newman (2006). Times of conflict that arose between mother and daughter and the urge she had to pull away and be independent in some situations are fitting to the later adolescence stage that highlights the need for autonomy during this time. According to Newman and Newman (2006) it is important for adolescents to have opportunities to branch out and articulate their own needs while still staying connected to the

family. This participant was supported by her family and allowed the independence to make some of her own decisions despite having to deal with the breast cancer illness.

The level of communication and acknowledgement of the illness within the family structure was different for each participant. Participant A's family had little communication about the breast cancer illness and there was no acknowledgement of it occurring. The lack of communication and ignoring of the illness created an environment of confusion for the participant and she may have benefited from more openness within the family. Lewis & Hammond (1996) found that amongst family members it was important to talk about the illness and share experiences with each other. More communication and dialogue regarding her mother's breast cancer illness may have helped ease some of the confusion.

Participant B's family was extremely open about the breast cancer illness and spoke honestly to each other about their feelings. Her relationship with her mother was egalitarian in many ways as her mother expressed her fears and discouragement to her daughter. The development of their relationship into one that is more equal in structure is often a process that occurs for adolescents during this age (DeGoede, Branje, & Meeus, 2009). The discomfort that came in seeing her mother express her despair, made it difficult at times for Participant B and over time the topic of breast cancer became somewhat uncomfortable to discuss. The idea of breast cancer being a "taboo" topic between mother and daughter could be explained by the idea that mothers and daughters are often so attuned with each other and responsive to the

other's feelings (Surrey, 1991) that to avoid making the other uncomfortable, they both stay silent.

Implication for Development of a DMT Support Group Model

A dance/ movement therapy (DMT) support group model for adolescent females who are dealing with a mother's breast cancer illness may be beneficial due to its similarity in structure to that of a traditional support group model. The beneficial features of a support group as outlined by Call (1990) include: being around peers who are going through the same issue, and providing a safe place for expressing feelings. A DMT support group can offer a sacred place for participants to gather and feel the support of one another through the use of shared movement as well as encourage safe exploration of feelings using the body as a non-threatening avenue to access them.

When looking at the functions of a traditional support group, it is important to evaluate how a DMT session as a process in itself supports participants. A DMT group session provides a predictable structure consisting of a warm-up phase, development phase, and closure phase (Schmais, 1985) that helps ground participants in the present while providing them with a clear structure to follow. The warm-up phase of a session adds to the supportive structure and helps participants organize their body through moving and stretching various body parts which in turn helps them to orient themselves to the present.

The healing processes as outlined by Schmais (1985) as being inherent in DMT start in the warm-up phase of the session and progress into the development and closure phase of a session. Adolescents want to feel like they are a part of a group and according to Newman and Newman (2006) establishing membership within a peer group is an important developmental task of adolescence. DMT groups can help provide them with a sense of cohesion through the use of shared movement experiences (Schamis, 1985). Group rhythm and synchrony established within a DMT group session can help foster a feeling of belonging and universality within the group. Adolescents are at a developmental stage in which their bodies and emotions are in a constant state of change, as noted by the participant's description in this study who spoke of her struggles with the rapid changes in her body. Using DMT to help in establishing rhythm and group synchrony could help this participant with body organization as well as facilitate connections with other group members (Schmais, 1985).

A DMT session also helps the individual mobilize which can aid in emotional expression. Through the use of varying movement qualities as initiated by the movement leader as well as other group members, the movement can help facilitate a range of expressive qualities to validate a range of emotional experiences. Whether participants are feeling resentment, anger, fear, or anxiety about their mother's breast cancer illness the dance/ movement therapy process could help them mobilize in movement and become more open to expressing their feelings in a non-threatening way.

Participants in this study, for example, struggled with issues related to maintaining control. Within a DMT session, the therapist would look for ways to support members' exercise of choice, using spatial clarity and mobilization of weight (either Light or Strong) in movement to help enhance coping and a sense of agency in their lives. It is important that the dance/ movement therapist not give direct focus on control because it may send participants into rigid patterns of binding. Instead, adaptive balance can be modeled using Weight shift and Flow fluctuations allowing for movements that encourage yielding and indulging.

DMT can also promote a sense of vitalization which may be important specifically for adolescent females dealing with a mother's breast cancer. It is important for participants to sense and connect to their own energy and liveliness through movement allowing a clear boundary between their own experience and that of their mother for example. It was important for the participant in this study to maintain a sense of autonomy from her parents and with autonomy was a desire to differentiate from others (Newman & Newman, 2006). Within the DMT session, participants should be encouraged to explore their uniqueness with the therapist helping them to initiate new movements. As new movements are explored and reflected back to others, group members become connected to each other, begin to understand their commonality as well as their differences. Realizing differences in movement can help bring about new self-awareness for the participant (Pallaro, 1996). According to Pallaro (1996), "awareness of the body-self can lead to an enhanced awareness of one's own affective dimension of experience and

consequently lead to psychological change" (p. 116). During adolescence, establishing awareness and understanding of emotions as well as bodily changes is important to their experience (Newman & Newman, 2006).

The healing process of education as described by Schmais (1985) would be a vital component to a DMT support group for adolescent females dealing with a mother's breast cancer illness. An educational and informational role of the therapist can help adolescents understand that the intense feelings they have are a normal part of development. Feeling ambivalent and experiencing the push/pull in relationship with Mom is common and the dance/ movement therapist can help participants work through those feelings. Also the dance/ movement therapist can help adolescents identify different ways of coping with potential loss in relation to their Mother. Through educating and speaking openly within a session, new dialogue may emerge, allowing participants to feel more comfortable talking with their parents which has been shown to be important in terms of managing a parental illness (Lewis & Hammond, 1996).

The established group rhythm, and sense of cohesion may provide the safety for participants to explore themselves and their changing bodies in relation to others as well as to explore different ways of coping with their mother's illness. They may come to better understand their bodies and their situation as well as feel comforted by knowing that group members know what they are going through. Through the use of the structure that the DMT session provides along with an anchor role provided by the therapist, adolescents would be free to explore their fears and insecurities about their

mother's breast cancer illness while at the same time come to better understand the rhythms of their own bodies.

There are many structures that may be helpful in developing a DMT support group working with adolescent females dealing with a mother's breast cancer illness. This researcher will outline four possible structures that might help address areas of need. At the same time it is important to note that the DMT therapist is always responsive to the group members and is careful to pick up, nurture, and develop structures to support what emerges in movement. One structure that might be employed specifically at the beginning of a new DMT support group could be asking each participant to share an expressive movement motif about her reaction to her mother's breast cancer. For example, a therapist may state "see if you can find a movement that expresses your response to when you first learned of your mom's breast cancer diagnosis." This structure supports individual expression but also fosters universality. As each participant witnesses each other they may find some expression that they can identify with in their own experience.

As emphasized by Meekums (2002), movement metaphors are very important to the DMT process and can often be healing and symbolic to participants (Schmais, 1985). Another structure that could help facilitate the use of imagery may include the DMT therapist encouraging participants to work with the theme of moving forward and backwards. Movements relating to the process of moving forward and backward may bring about themes related to approaching or avoiding problems, ambivalence in relationship to mom and also how one relates to their own feelings.

Another structure that can emerge from the use of imagery is a structure in which the therapist is positioned just out of reach of the participant. Encouraging the participant to continue moving toward the therapist while the therapist stays out of their reach can help participants to become conscious of how they feel. Out of their feelings of confusion may emerge an awareness of their sadness and longing for their mother and the fear they may have about losing their mother. This structure may also help them begin to understand their confusion as well as can help the participant feel a sense of support since it provides the opportunity to explore this with other adolescents who understand.

Finally, it is important to discuss structures related specifically to body image since DMT is unique in its use of movement as a medium of exploration. It would be important during a DMT support group with adolescent females to support and encourage their moving in ways that enhance their sense of positive connection to their female bodies and sensuality. The use of indulging Effort qualities and allowing expression of vulnerability can be helpful in exploring issues related to what it means to be a woman. Incorporating a prop, such as a scarf or balloon may be helpful in eliciting indulging qualities in a non-intimidating way.

Role of DMT Session in the Research Process

The use of movement in the phenomenological interviewing process has been done previously, as piloted by Lisa Manca (2006) in her exploration of body image in rape survivors. Seeing that both participants in this study conducted their interviews

immediately following the movement session, the movement process played an important role in the interview. One participant spoke in-depth about her initial nervousness about moving and her surprise about how much she was able to access from her adolescent experience. The other participant spoke in detail about her everyday use of dance as an outlet and she referenced her movement motif at various points throughout the interview.

Both participants referenced the movement session spontaneously throughout the interviews and even used some gesturing at points as a representation of their movement motif on a smaller scale. The participants made links between structures in the movement sessions and their experiences as adolescents. At one point a reference was made to how the awkward feeling of moving in a new way is similar to the internal feelings of awkwardness felt during adolescence. The use of movement prior to the interviewing process seemed to put participants at ease and helped facilitate more open verbal dialogue about their experiences.

Researcher Epoche

As part of the research process within a phenomenology, it is important for the researcher to engage in an epoche process to refrain from bias (Moustakas, 1994). This researcher engaged in a 15 minute movement experience and spent 10 minutes journaling prior to conducting the movement session. This researcher was a late adolescent female during her mother's breast cancer illness. Prior to the movement session and interview it was important that this researcher be able to recognize and

acknowledge her own thoughts, feelings, and images related to her own experience to be able to lead the movement session and conduct the interviews without bias.

Moustakas (1994) emphasizes the process of epoche as "entering a pure internal place, as an open self, ready to embrace life in what it truly offers" (p. 86). Immersing in these participants' stories that are rich with detail and relate to an experience close to that of the researcher it was important for this researcher to develop the self-awareness and clarity regarding her relationship to the topic so that personal experience did not distort attention to and understanding of the interview participants. Prior to starting the movement session, this researcher also had to set aside the desire to have more personal conversations with the participants and remember to stay within a researcher and movement facilitator role.

Researcher's Experience

The researcher's desire to pursue a phenomenological study seeking to understand the lived experience of adolescent females living with a mother's breast cancer illness stems from this researcher's own familiarity with the phenomenon. It was through the personal experience of dealing with a mother's breast cancer that awakened this researcher's passion and desire to embark on a path to become a dance/ movement therapist. Out of this work, the researcher has discovered the relevance of having personal experience of a phenomenon when attempting to work with a given population. The researcher may be able to connect with adolescent females dealing

with a mother's breast cancer illness by relating to them through the understanding of the shared essences that encompass the phenomenon itself.

Study Limitations

This study has several limitations. This study was primarily limited by its small sample size since only 2 participants were successfully recruited. Since both participants were at different stages of adolescence during their mother's breast cancer illness, their experiences are individually unique and therefore results cannot be generalized to a larger population. The sample size could possibly have been expanded by initially recruiting to a larger group of students, including several different colleges within Drexel University. The participants were also young adult females who were asked to reflect back on their experiences as an adolescent dealing with their mother's breast cancer illness so their perspective may be vague since being removed in time from their actual experience. Furthermore, the dance/ movement session was coincidentally scheduled for the day before Mother's Day and it is possible that it could have affected the results in some way.

Interest and possible participation may have increased if this researcher could have made more contact with prospective participants via varying recruitment methods. While one participant was successfully recruited via distributed forms this researcher had difficulty doing substantial in-person recruitment due to personal scheduling problems, professors' denial of use of in-class time, as well as a limited time-table of 10 weeks. The participants also represented a very narrow range of

ethnicity, both participants being Caucasian females and students pursuing their education at Drexel University. A larger sample, including those outside the Drexel community, with a wide range of diversity in terms of ethnicity and age during mother's breast cancer illness would have helped diversify the results.

Implications for Future Research

The participants recruited for this study were both interested in exploring their adolescent experience of dealing with their mother's breast cancer using a creative arts medium. With data coming from two participants, results cannot be applied to all adolescent females who have a mother dealing with breast cancer but instead results represent the unique adolescent experience from two perspectives.

For future research it would be helpful to look at participants within the same adolescent age range to determine whether there are any shared meaning clusters among them. Exploration of various movement qualities of participants could be analyzed if a session were videotaped to note any similarities between the movement expression and statements in the verbal interviews. Since it appears that the movement session helped participants open up in the interview process it might be interesting to explore the role of the movement facilitator and whether or not the leadership style of the researcher affects the candidness of participants.

A community based support program that implements dance/ movement therapy as a means of offering an emotional outlet to adolescent females dealing with a mother's breast cancer may be beneficial for helping adolescents to open up and

speak about their experience through the use of the movement modality. To foster further communication amongst family members, a DMT group that is composed of mother's with breast cancers and their daughters could be a useful tool in strengthening the mother-daughter relationship while at the same time allowing both participants to explore and begin to accept their changing bodies in a supportive group environment.

CHAPTER 6: SUMMARY AND CONCLUSIONS

The purpose of this study was to understand the adolescent female's lived experience of dealing with a mother's breast cancer illness and how it impacts their own development. The study utilized a phenomenological research design to investigate this experience through the reflections of adult women who were adolescents at the time of their mother's breast cancer diagnosis. The study facilitated the participants' access to and reflection on their experiences through a dance/ movement workshop. The researcher followed the workshop with individual in-depth interviews, in which participants were asked to recall their adolescent experience as well as their current lived movement understanding of this experience. The researcher was interested in applying this understanding to the development of a dance/ movement therapy (DMT) support group model for adolescents whose mothers have breast cancer.

Overall the study participants shared common ground in the arenas in which the essence of their experiences of mother's breast cancer occurred. However, the essence of each participant's experience involved its own unique dimension. Essences related to communication between mother and daughter, body image, family dynamics, and control seemed to be important in shaping how these participants experienced their mother's breast cancer. Future research implications include a proposed DMT support group model for adolescent females dealing with a mother's breast cancer illness, using the movement modality to access feelings and emotions related to the experience.

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Appendix A: Recruitment Script

Hello. Thank you all for your time and consideration.
My name is Jessica Verbanc, and I am a graduate student here at Drexel University. I am conducting a research study for my Master's Thesis and completion of a degree in Dance/ Movement Therapy. Dance/ Movement therapy is a psychotherapy that uses body movements as a means of accessing feelings and thoughts related to an experience. The purpose of this study is to understand the adolescent female's experience of a mother's breast cancer and how they perceive its impact on their own development.

I am interested in meeting with and interviewing women who were adolescents at the time of their mother's breast cancer illness. Participants will engage in a 1 ½ hour movement group in which they will be asked to reflect upon issues surrounding their adolescent experiences. Individual interviews will be conducted after the movement experience and or during a scheduled time within a week following the movement experience. Interviews will take place in a classroom at Drexel University's Center City Hahnemann Campus. I expect the interview process will be about 1 hour.

Knowledge attained from this research may help in the development of a dance/ movement therapy support group model for adolescents whose mothers have breast cancer. While there has been a lot of advances made in offering supports to women with breast cancer, research is limited in the area of adolescents, specifically adolescent females, in terms of how they are affected by their mother's breast cancer.

- The criteria for participation in this study are that the participant is a female between the ages of 18-28 years of age who was an adolescent during the time of her mother's breast cancer illness and are interested in exploring the nature and meaning of that experience as well as willing to participant in a movement experience and individual interview.
- Have a mother who survived breast cancer and is currently cancer free.
- Have no history of treatment for a major mental illness within the past 3 years.
- Be a Drexel University undergraduate or graduate student
- Not be enrolled in the Creative Arts Therapy program or have any personal connection to the researcher.
- Be willing and able to engage in physical movement and a verbal interview
- Be available to participate during a 3 hour period established by the researcher

Thank you again for your time and attention and I look forward to hearing from you.

I will pass out these forms with additional information regarding the study. Please review the criteria for participation on your own. If you fit the criteria and are willing to participate in this study, please fill out your contact info including a preferred contact time. You are not obligated to participate if you indicate an interest at first and later change your decision.

Appendix B: Response Form

Volunteers Needed to Participate in a Dance/ Movement Therapy Research Study!

Are you a female who has had a Mother diagnosed with Breast Cancer during your adolescent years?
Are you interested in contributing to the field of research?

Then you may qualify for a research study entitled:

Retrospective Reflection through Movement: The young adult female's perspectives on the adolescent experience of living with a mother's breast cancer illness.

A study is being conducted to understand the adolescent female's experience of dealing with a mother's breast cancer illness. You will be asked to participate in a 1 ½ hour group movement workshop exploring themes surrounding your adolescent experience. An individual interview will follow the movement experience. Open-ended questions will be asked about your recalled experience of adolescence and your experience moving in relation to this.

In order to participate, you must:

- Be female between the ages of 18-28 years of age
- Have experienced a mother's breast cancer illness during adolescence
- Have a mother who survived breast cancer and is currently cancer free.
- Have no history of treatment for a major mental illness within the past 3 years.
- Be a Drexel University undergraduate or graduate student
- Not be enrolled in the Creative Arts Therapy program or have any personal connection to the researcher.
- Be willing and able to engage in physical movement and a verbal interview
- Be available to participate during a 3 hour period established by the researcher

Participation is completely voluntary and confidential. Total time commitment is approximately 3 hours. The study will take place at the New College Building of the Drexel University Center City Campus at 15th and Race Streets.

If you meet the participant criteria and are interested in participating in this study, please provide your contact information:

Name _____
Phone number: _____
Email: _____
Best time to contact you: _____

If you do not wish to participate in this study, please write the following statement in the space provided: "I do not wish to participate in this study." Thank you for your time!

_____

Subjects Initials ____

Appendix C
Drexel University Consent
To take part in a research study

1. Subject Name: _____

2. Title of Research: Retrospective Reflection through Movement: The young adult female's perspectives on her adolescent experience of living with a mother's breast cancer illness

3. Investigator's Name: Ellen Schelly-Hill, Principal Investigator
Co-Investigator, Jessica Verbanc

4. Research Entity: Drexel University

5. Consenting for the Research Study:

This is a long and an important document. If you sign it, you will be authorizing Drexel University and its researchers to perform research studies on you. You should take your time and carefully read it. You can also take a copy of this consent form to discuss it with your family member, attorney or any one else you would like before you sign it. Do not sign it unless you are comfortable in participating in this study.

6. Purpose of Research:

You are being asked to participate in a research study. The purpose of this study is to understand the experience of being an adolescent female dealing with a mother's breast cancer illness. There is a lack of literature regarding how adolescent females ages 12-20 are affected by a mother's breast cancer illness in both the dance/ movement therapy and psychology literature. Since breast cancer occurs in 1 of 8 women (American Cancer Society, 2007), half of which are raising children and adolescents during their illness (Stiffler, Haase, Hosei, & Barada, 2008) looking at how adolescents, specifically adolescent females, are affected by a mother's breast cancer is an important area to research. Being that breast cancer has both physical and psychological effects, dance/ movement therapy methods of inquiry may offer an alternative way to investigate how the adolescent daughters of women with breast cancer experience the illness. The information gathered in this study will be used to guide design of a support group model for adolescent females whose mother's are diagnosed with breast cancer.

This project is being conducted as partial fulfillment of a Master's degree in Dance/ Movement Therapy.

You are being asked to take part in this study because you are an adult female who was an adolescent at the time of your mother's breast cancer illness. You have reviewed the participation criteria and have indicated that you meet the criteria. A total of five subjects

will be recruited for this study. You have the right not to participate in this study. You have the right to terminate your participation in this study at any time.

7. PROCEDURES AND DURATION:
You understand that the following things will be done:

Dance/Movement Therapy Session:
Dance/movement warm-up: 15 minutes

The researcher will begin with a structured movement warm-up. The warm-up will consist of a full body warm-up starting with the feet and moving successively through the body to the head. The researcher will incorporate the use of self-touch, prompting participants to massage or tap their bodies to awaken sensation. The researcher will suggest body part and whole body movement and options for movement activity (such as shaking, rotating, twisting, stretching, shifting, etc.). The researcher will facilitate some simple movement interaction between participants. The researcher will convey that participants may make decisions about how to move. You will then be asked to move into the space around you and find a comfortable place in the room. The researcher as well as other participants will be moving during the warm-up.

Dance/movement process exploring adolescent experience: 45 minutes

Upon completion of the warm-up, the researcher will guide you and other movement session participants in recalling and reflecting on your adolescent experience. You will be asked to explore how you walked and moved as an adolescent. The researcher will introduce images and developmental themes related to adolescence and ask you to explore these through movement. You will be asked to explore the relationship with your mother during adolescence and your mother's breast cancer illness. You will be asked to explore adolescent themes of physical development, body image, and identity. The researcher will ask you to move in response to remembered feelings. The researcher will ask you to create an individual movement sequence that captures a meaningful moment in the movement session.

Journaling/ Discussion/ Closure: 30 minutes

Participants will be given 10 minutes to journal about their movement experience. Participants will be encouraged to talk about their movement experience with the group and if comfortable, share their movement sequence. To facilitate closure a movement closure will be incorporated following the group discussion. You will be asked to again focus on your body, starting with your breath. The researcher will ask that you give attention to any part of your body that you feel you need to move (by stretching, rotating, twisting, etc.) and to move in any way you need to. You will be asked to return to a seated position and pay attention to your breath, ending by taking three deep breaths in and out with eyes either closed or opened.

Researcher notes: The researcher will write brief notes after the movement session so that she will be able to recall moments of movement she observed during the interview process.

Verbal Interview: 60 minutes

The researcher will conduct an interview with you either immediately following the movement session or during a scheduled time within 10 days of the session. The researcher will

audio-record and later transcribe the interview. The audio-recorded material will be destroyed following data analysis. The interviewer will guide the interview with open ended questions about your experience in the movement session and as an adolescent. The researcher may ask you to recall and ask questions about movement she observed during the movement session. Questions will include inquiry about your experience of adolescence including physical development and body image experiences, your experience of your mother's breast cancer illness, your experience of your relationship with your mother at the time, and your reflections on how your mother's illness may have shaped your development. The researcher will also ask about interpersonal supports that you had at the time and your perspective on supports that might have been beneficial.

The researcher will contact you once she has written summary descriptions of your interview to ask you to verify whether it accurately describes your experience.

8. RISKS AND DISCOMFORTS/CONSTRAINTS:
There is a risk that you will feel self-conscious moving within a group setting. There is a risk you may feel uncomfortable talking about your adolescent experience of having a mother with breast cancer. There is a risk that the movement experience may stimulate emotions or memories that create some distress. In the unlikely event that you experience more than moderate distress you can call the Student Counseling Center at (215) 895-1415.

There is a minimal risk of loss of confidentiality since the interview will be audio-recorded however the audio-recordings and transcribed documents will be stored in a locked cabinet in the principal investigator's office. Interviews will be transcribed in a private place and will be destroyed upon completion of data analysis.

During the structured movement experience, you will not be directed to move in any specific manner, only given movement options and themes to explore. If any movement is uncomfortable for you, you may choose not to do it. The researcher will remain attentive to your comfort level and verbally check-in with you throughout the experience.

9. UNFORESEEN RISKS:
Participation in this study may involve unforeseen risks. If unforeseen risks should occur, the Office of Regulatory Research Compliance will be notified.

10. BENEFITS:
There may be no direct benefits from participating in this study.

11. ALTERNATIVE PROCEDURES:
The alternative is not to participate in this study.

12. REASONS FOR REMOVAL FROM STUDY:
You may be required to stop the study before completion for any of the following reasons:
--If all or part of the study is discontinued for any reason by the investigator or university authorities.
--If you are a student, and participation in the study is adversely affecting your academic performance.
--If you fail to adhere to requirements for participation established by the researcher.

13. VOLUNTARY PARTICIPATION:
Volunteers: Participation in this study is voluntary, and you can refuse to be in the study or stop at any time. There will be no negative consequences if you decide not to participate or choose to stop.

14. RESPONSIBILITY FOR COST
Any costs for this study will be the responsibility of the student researcher.

15. CONFIDENTIALITY:
In any publication or presentation of research results, your identity will be kept confidential, but there is a possibility that records which identify you may be inspected by authorized individuals, the institutional review boards (IRBs), or employees conducting peer review activities. You consent to such inspections and to the copying of excerpts of my records, if required by any of these representatives. Movement session notes, interview recordings, and the transcripts of the interviews will be stored without identifying information in a locked file cabinet on the Drexel University premise in the Creative Arts in Therapy Program. The audio recordings will be destroyed upon completion of data analysis. Written transcripts will be shredded.

16. IN CASE OF INJURY:
If you have any questions or believe you have been injured in any way by being in this research study you should call the principle investigator, Ellen Schelly Hill (215) 762-7851. However, neither the investigator nor Drexel University will make payment for injury, illness, or other loss resulting from your being in this research project. If you are injured by this research activity, medical care including hospitalization is available, but may result in costs to you or your insurance company because the University does not agree to pay for such costs. If you are injured or have an adverse reaction, you should also contact the Office of Regulatory Research Compliance at 215-255-7857.

17. OTHER CONSIDERATIONS:
If you wish further information regarding your rights as a research subject or if you have problems with a research-related injury, for medical problems please contact Office of Regulatory Research Compliance at 215-255-7857.

18. CONSENT:

I have been informed of the reasons for this study.
I have had the study explained to me.
I have had all of my questions answered.
I have carefully read this consent form, have initialed each page, and have received a signed copy.
I gave consent voluntarily.

_____ _____
Subject or Legally Authorized Representative **Date**

_____ _____
Investigator or Individual Obtaining this Consent **Date**

List of Individuals Authorized to Obtain Consent

Name	Title	Day Phone #	24 Hr Phone #
Ellen Schelly-Hill	Principal Investigator	(215) 762-7851	(215)762-7851
Jessica Verbanc	Co-investigator	(302) 750-8282	(302) 750-8282

Version 2

Appendix D: Interview Guide

What was your age at the time of your Mother's breast cancer diagnosis? How long has it been?

Can you describe yourself to me at that age? What did you look like? What did you enjoy? What was important to you at that age?

I'm interested in your response to the movement session in which you participated. Could you tell me about it?

Do you recall how the movement session started? Tell me about your initial experience of moving in the session.

When you moved in the session were you able to recall your adolescence?

Did you bring attention to or become aware of any specific parts of your body? Were you aware of any body sensations?

When you look back at the movement session what moments of the session are most vivid for you?

Do you recall the movement sequence you created?

What was it? Do you want to share anything about the sequence?

Did the movement session bring up any memories, images, or feelings?

Were there any moments in your movement experience that were especially meaningful for you?

Are you aware of ways in which the experience of being a developing adolescent female was affected by living with your mother's breast cancer illness?

Could you describe how your family was affected by your mother's breast cancer?

What was your relationship with your mother like prior to her breast cancer illness?

Did the relationship change as a result of her illness? If so, can you describe how?

What was your mother's availability to you during her illness?

Did your relationship change after the experience?

How did the experience affect your relationship to your own body?

What changes do you associate with the experience?

What kinds of interpersonal supports did you have during that time?

Do you have any additional thoughts about your experience that I didn't ask about? If so, could you describe them?

Appendix E: Written Abstract

Dance/ Movement therapy is a psychotherapy that uses body movements as a means of accessing feelings and thoughts related to an experience.

The purpose of this study is to understand the adolescent female's experience of a mother's breast cancer and how they perceive its impact on their own development.

The researcher is interested in meeting with and interviewing women who were adolescents at the time of their mother's breast cancer illness. Participants will engage in a 1 ½ hour movement group in which they will be asked to reflect upon issues surrounding their adolescent experiences. Individual interviews will be conducted after the movement experience and or during a scheduled time within 10 days following the movement experience. Interviews will take place in a classroom at Drexel University's Center City Hahnemann Campus. The interview process will be about 1 hour.

Knowledge attained from this research may help in the development of a dance/ movement therapy support group model for adolescents whose mothers have breast cancer. While there have been advances made in offering supports to women with breast cancer, research is limited in the area of adolescents, specifically adolescent females, in terms of how they are affected by their mother's breast cancer.

Appendix F: Email Response Form

Volunteers Needed to Participate in a Dance/ Movement Therapy Research Study!

Are you a female who has had a Mother diagnosed with Breast Cancer during your adolescent years?
Are you interested in contributing to the field of research?

Then you may qualify for a research study entitled:

Retrospective Reflection through Movement: The young adult female's perspectives on the adolescent experience of living with a mother's breast cancer illness.

A study is being conducted to understand the adolescent female's experience of dealing with a mother's breast cancer illness. You will be asked to participate in a 1 ½ hour group movement workshop exploring themes surrounding your adolescent experience. An individual interview will follow the movement experience. Open-ended questions will be asked about your recalled experience of adolescence and your experience moving in relation to this.

In order to participate, you must:

- Be female between the ages of 18-28 years of age
- Have experienced a mother's breast cancer illness during adolescence
- Have a mother who survived breast cancer and is currently cancer free.
- Have no history of treatment for a major mental illness within the past 3 years.
- Be a Drexel University undergraduate or graduate student
- Not be enrolled in the Creative Arts Therapy program or have any personal connection to the researcher.
- Be willing and able to engage in physical movement and a verbal interview
- Be available to participate on a Saturday in February

Participation is completely voluntary and confidential. Total time commitment is approximately 3 hours. The study will take place at the New College Building of the Drexel University Center City Campus at 15th and Race Streets.

If you meet the participant criteria and are interested in participating in this study, please send an email to MovementStudy@gmail.com providing your contact information:

Name _____
Phone number: _____
Email: _____
Best time to contact you: _____

Appendix G: Data Collection Instrument

Researcher's Notes

Participant #:

Movement Observation Notes:

Appendix H: **Participant A's Relevant Expressions**

- My mom didn't acknowledge the fact that she had breast cancer, she told me it was shoulder surgery.
- Some part of me knew it was something else
- Not until I asked my mom if she had breast cancer did she tell me
- It was kind of ignored and treated like it never happened
- I was involved in a lot of things. I did softball, basketball, field hockey, volleyball, I danced, I played bass clarinet, I was a girl scout, my mom was the troop leader.
- I liked being busy and involved in stuff.
- I really didn't have as great of an awareness of my body and what it meant to be a woman
- I didn't really understand the impacts of it (breast cancer).
- Puberty and my body changing and all the hormones and emotions
- I'm not really that busty so when I was an adolescent that wasn't prevalent for me. My thighs, hips and butt I thought about.
- I was unsure of what was going on and I was just kind of ignorant and unaware of my body still
- I understood that she had breast cancer but the thought of her dying that was never an option.
- Body image thing of adolescence and what I was self-conscious about
- Body image, learning how to eat properly.
- I never talked to her about how I felt about it because she never talked to me

- We've always been very close but I can't talk to her about certain things
- We fought all through my adolescence
- As I got older I became more comfortable with the changes that happened with my body
- She was available physically but emotionally I guess not
- She never addressed the emotional aspect of it with me
- I talked to my friends about how I felt
- It wasn't discussed in the family
- I don't really fear it because she never seemed fearful of it
- I wished she communicated more
- I feel like I wasn't provided with the tools of how to deal with things

Appendix I: Participant B's Relevant Expressions

- I was very heavily involved in singing before, during and after diagnosis
- All the things I've gone through have just like expanded my soul and my capacity to feel
- After weight lose, awareness of lack of breasts and what they were
- Less breast to have a chance of getting cancer in
- Body image issues dealing with bulimia in high school
- Tendency to push aside the diagnosis not because of denial but because I knew everything would turn out ok
- I was not hit with this wave of sadness because my mom is the unsinkable Molly Brown
- We're gonna get through this together
- I was perplexed to see my mother suddenly discouraged
- I didn't want my supporting her fears to be confused with like being scared also
- I had so much faith that we were going to get through it
- I saw her optimism faltering, it terrified me.
- I didn't want to acknowledge her fears because I wanted her to be optimistic all the time
- Very close relationship with Mom
- We never had a time where we didn't speak with each other, where we were at major odds with each other, like all three of my sisters and my father, we are all close and able to talk to each other

- Push-pull of relationships. Wanting to have support, needing support, but needing to do things alone
- Feeling regret about how I handled things during that time
- when that breast cancer call came it was like ok, here's a little speed bump in our family but we're going to make it through.
- A lot of those images came back and those memories of how it felt to not be comfortable in my body
- I remember what it was like to really hate my body back then
- Glanced down at my breasts and was like wow, these could be a weapon against me
- We think of breasts as sexual things, or as breast feeding, they have these two roles, but like it could assume a 3rd role as destroyer…that's scary"
- Thinking about something that could develop within my femininity that was scary.
- I looked at them almost as like a weapon
- It wasn't this upheaval, it was like, ok, that's crappy but they caught it early and she's going to be fine
- To see her so discouraged was hard
- She caught it early like prognosis is good
- We were all so hopeful
- I think the breast cancer kind of got included in the boyfriend camp, like we don't really want to talk about this
- It's often a taboo topic of talking in-depth about the cancer

- I know if we were to sit down and talk at length about it both of us would be uncomfortable
- I would be uncomfortable with her uncharacteristic lack of optimism
- Feeling guilty about calling her to talk about something trite
- I started viewing my breasts for the first time as medium for disease
- I had had body issues before and had body issues after that
- I don’t think of them now as this ominous breeding ground for cancer.
- I had friends who were supportive about it and would ask about how things were going
- I am extremely close with my family, we all have very close relationships with each other